REGISTRATION FORM

Name of Student: ……

School: ……..…….. Age: ..... Date of Birth: …….....

Parent's Name: ……..…… Signature:…….....

Telephone No: …… Email: ……..…….....

* we send all communication via email. Please ensure you add alicia@actuallyacting.com.au to your safe senders list so our emails don't go to spam!

REHEARSALS
Wednesday 30th September – 9am to 3pm
Thursday 1st October – 9am to 3pm
Friday 2nd October – 11am to 3pm

PERFORMANCES
Friday 2nd October @ 6pm (5.30pm arrival; 7pm pick up)
Saturday 3rd October @ 1pm & 4pm (12.30pm arrival; 5pm pick up)

VENUE
Tower Arts Centre, 267 Daws Rd, Pasadena

WHAT TO BRING
Lunch, plenty of snacks and water.

COST
$230 (includes $75 non-refundable deposit)

Please transfer to:
BSB: 671-000*
ACC No: 102698676
ACC Name: Actually Acting Youth Theatre
NB: Please note new BSB number

ACTUALLY ACTING
Medical Form

Personal Details	
Surname:	Given Names:

Medical Information	
Known conditions – please tick all which apply and give details	
☐ Allergies:	☐ Asthma:
☐ Blackouts:	☐ Diabetic:
☐ Other:	
Please specify any special care/treatments required	
Please give details of any medication presently being taken:	
Any learning difficulties eg dyslexia:	
Other:	
Medicare Number:	Ambulance Cover Details:
Emergency contact:	
Name:	Relationship:
Phone:	

Declaration (a parent or legal guardian must complete this section)	
Name:	Relationship:
• I authorise the Actually Acting teachers, where it is impractical to communicate with me, to arrange for such medical treatment as he or she may deem necessary, including the use of an ambulance service. I accept responsibility for all costs associated with any such treatment. • I further authorise the use of anaesthetic by a qualified medical practitioner if necessary. • I appreciate that the Actually Acting teachers, whilst taking all reasonable care, cannot be held responsible for personal injury or loss or theft of property, and I agree to indemnify them and hold them harmless against all such claims. • I authorise the Actually Acting teachers to use anonymous photographs/recordings of my child in promotional media, including social media. • I understand this is a NUT FREE program. I will supply lunch, water and snacks with no nut/nut products. • I have read and understood this form and I declare that the information is true and correct.	
Signature:	Date: