

JULY 1ST 10AM-2PM, LIONS HOSTEL NORTH SHIELDS

DANCE WORKSHOP REGISTRATION FORM

ONE FORM PER DANCER ONLY – CAMP FEE \$30
(FEE MUST BE PAID IN FULL UPON REGISTRATION)

55 PER STUDENT OF CAMP REGISTRATION FEES

WILL BE GOING TOWARDS THE 'SAVED BY MUSIC' PROGRAM

ESTABLISHED BY THE ELGON YOUTH

DEVELOPMENT CENTRE UGANDA.

FOR MORE INFO, CHECK OUT FACEBOOK:

SAVED BY MUSIC FOUNDATION

First name: _____ Surname: _____

Address: _____ Suburb: _____ Postcode: _____

Age: _____ (Year 3-5) Phone: _____ Mobile: _____ Email: _____

Special dietary needs:

Medical conditions/Medication:

Medicare number: _____

Emergency contact name: _____ Relationship: _____

Phone: _____ Mobile: _____

Nominated Karaoke Song Choice/Person or people you would like to sing with: _____

PARENTAL CONSENT

All campers under the age of 18 are required to have parental consent.

Guardian's full name: _____ Phone: _____

In signing this document I give permission for my child to attend Dance Camp

Sign: _____ Date: ____/____/____

The leaders and instructors have my authority to take whatever action they think necessary to ensure the safety and well being of the group or individuals in the mentioned activity.

If my child or young person becomes ill or is accidentally injured, the leaders may obtain on my behalf whatever medical treatment is deemed necessary, if we cannot be contacted. I will pay such medical expenses. An ambulance may be called in a medical emergency. I have attached information as requested about my child's health, including details of his/her limitations for the planned activity.

Dancing is a strenuous activity from which injuries could arise. The instructors will ensure that your child is properly warmed up and prepared to dance, but is not liable for personal injuries, loss of, or damage to personal property. Please inform the instructor of any physical limitations your child may have. MTC dance can not dispense aspirin or any medications unless parental consent is given.

Signed _____ (Parent/ Carer) Date: _____

Appearance clause

Permission is granted to use my son/daughter's picture, video or image in future advertisement and literature for MTC dance, and events conducted by them. I have read and agree to the above release and appearance clause.

X _____ Date: _____

Participants or Participants Parent/ Carer Signature if under 18

DANCE CAMP REGISTRATIONS WILL

OPEN @ 9.45PM JULY 1ST

Prompt pick-up @ 2pm as the High School

Camp commences at 3pm

I have enclosed \$30 via:

- Cash or
- Direct Debit (please quote students name)
BSB: 015220 Account No.: 200650227

Please give your Registration Form and full fee to Ashlee Bartley.

****Complete and return with full payment by June 28th** (Please discuss with Ashlee if payment is an issue)**