Australian Youth Dance Theatre

Dance ENROLMENT / INFORMATION FORM – 2012

New/ Returning student (Please circle) **Rehearsal Venue:** _____

CIRCLE YOUR LEVEL FOR 2012: **Level 1** **Level 2** **Level 3**

Given Name:_____ Surname:_____

Postal Address: _____Post Code: _____

School Attending: _____ Date of Birth: _____

Parents Names: Father _____ Mother _____

TEL. (Father) (H) _____ (Mob or Wk) _____ Emergency _____

TEL. (Mother) (H) _____ (Mob or Wk) _____ Emergency _____

Email: _____

Any illness or allergies of which we should be aware? YES/NO Details: _____

(Please attach a note if insufficient space)

Any siblings attending the Australian Youth Choir **or** Australian Youth Dance Theatre? Yes/No

Name: _____ Choir / Dance Group: _____

I/We acknowledge the requirements of attendance at rehearsals, concerts and Performing Arts School as applicable for membership of the Australian Youth Dance Theatre for 2012.

***Consent to Medical Attention**: I/We authorise personnel of the Australian Youth Dance Theatre (a division of the National Institute of Youth Performing Arts Australia – (ABN 28 007 124 629) to consent, where it is impracticable to communicate with the family, to my/our child receiving such medical, surgical or dental treatment as may be deemed necessary and agree to meet the expense that may be required due to illness or injury.*

I do / do not wish my child to be involved in any media opportunities that occur during his/her involvement with the National Institute of Youth Performing Arts Australia (NIYPAA).

Signed:_____Date:_____

This confidential information is intended to assist in case of any medical emergency with your child at rehearsal or Performing Arts School. All information is collected for administration purposes only within NIYPAA and is not made available to other persons or organisations.

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Canterbury, VIC 3126
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A division of the National Institute of Youth Performing Arts Australia A.B.N. 28 007 124 629

NATIONAL INSTITUTE OF YOUTH PERFORMING ARTS AUSTRALIA

ABN 28 007 124 629

PAYMENT ADVICE SLIP

STUDENT'S NAME: _____ VENUE: _____ CHOIR/DANCE

Method of Payment (where applicable)

☐ Cheque ☐ Money Order ☐ Cash $_____

PAYMENT BY MAIL ORDER: ☐ Mastercard ☐ Visa

Credit Card Details - Cardholder Name: _____

Date: _____ Amount: $_____ + 1% Card Fee = $_____

Credit Card No:

				■					■					■				

Expiry Date: _____ / _____ Cardholder Signature: _____

Note: *Please do not send cash through the mail, as we cannot be held responsible for monies lost in transit.*