



ID#

OPENING AUDITIONS
REGISTRATION 2019
www.candanceforacure.com.au

NAME:

ADDRESS:.....

.....PC.....

DATE OF BIRTH:

d	d	m	m	y	y	y	y
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DANCING SCHOOL:

EMAIL..... CONTACT NO

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EMERGENCY CONTACT:

In case of emergency it is essential that we can contact parents. However if this is not possible we MUST be able to contact one other reliable person who can take responsibility for the student. Please list relevant details below and relationship to the student

NAME:

Relationship.....Contact No

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RELEVANT INFORMATION RE STUDENT'S HEALTH AND ALLERGIES (Bee stings etc.) INJURIES

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ASTHMA (treatment and current medication).....

PHOTOGRAPHIC RELEASE FORM: By the entering of this form I give permission for my child to be photographed and/or videod during CanDance 2019 by official personnel.

I understand that Candance - Candance Australia will not be held responsible for any injuries but will seek medical help where necessary, and I give permission for them to contact the above people if I cannot be contacted. I also understand that CanDance - CanDance Australia will not be responsible for any loss or damage to personal property.

Parent / Guardian Signed:print name:.....

Teachers Authorization Signature.....print name:.....

PLEASE ATTACH A 4X6 HEADSHOT TO THE FRONT LEFT CORNER

PROCESSED BY	ID#	DATE
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