

PROCESSED BY

ID#

OPENING AUDITIONS REGISTRATION 2024

DATE

NAME:				•••••			••••
ADDRESS:			••••••	•••••	••••••	•••••	••••
DATE OF BIRTH: d d m m y y y y	DANCING						
EMAIL	CONTACT NO						
EMERGENCY CONTACT:							
In case of emergency it is essential that we co we MUST be able to contact one other reliabl dent. Please list relevant details below and rel	e person who	can tak	e resp			•	
NAME:		•••••	•••••			•••••	
Relationship	Contact No						
relevant information re student's health	AND ALLERGII	ES (Bee	stings	etc.)	INJU	RIES	
ASTHMA (treatment and current medication).				•••••			•••••
PHOTOGRAPHIC RELEASE FORM: By the entering photographed and/or videod during CanDance 2				for m	ny chi	ld to b	ре
I understand that CanDance - CanDance Ausinjuries but will seek medical help where nece the above people if I cannot be contacted. I Australia will not be responsible for any loss or	ssary, and I giv also understar	ve perm	ission CanD	for th ance	nem t	o cor	
Parent / Guardian Signed:		print n	ame:.	•••••			
PLEASE BE SURE TO LET YOUR TEA	CHER KNO	OW YO	DU A	RE	ATT	END	ING
PLEASE ATTACH A 4X6 HEADS	HOT TO TH	IE FRC	TNC	LEF	TC	ORI	NER

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