FOOTSCRAY
COMMUNITY
ARTS CENTRE

CHIDREN PARTICIPANT/ ENROLMENT FORM

WORKSHOP / PROJECT DETAILS: JANUARY HOLIDAY ART PROGRAM 2008

Tuesday 22 January ❑	**Wednesday 23 January ❑**	**Thursday 24 January ❑**
Before Care ❑ **Aftercare ❑**	**Before Care ❑** **Aftercare ❑**	**Before Care ❑** **Aftercare ❑**

STUDENT / PARTICIPANT DETAILS

Family Name _____ Given Name _____

Address _____

Suburb_____ P/Code_____

Email _____

Telephone: Home _____ Work _____

Mobile_____

Date Of Birth / / □Male □Female

Concession (if applicable)

□ Aged Pension □ Seniors Card □ Austudy

□ Unemployed □ Sole Parent □ Disability

□ Full time student □ Other

□ Concession documentation enclosed Concession No: _____

Primary Emergency Contact

Name _____

Relationship _____ Phone _____

Parent/Carer Name (if applicable) _____

Contact details during workshop/project _____

Travel Arrangements (if applicable) _____

Are you a current centre member? Y / N

Would you like to receive FCAC Monthly E - News? Y/ N

PTO

45 Moreland St, Footscray 3011 www.footscrayarts.com Ph. 9362 8888 fax 9362 8866
reception@footscrayarts.com

Medical Information

Does the child suffer from any illness, allergies or other medical condition (e.g. asthma?) ❑ YES ❑NO

If yes please specify

_____

Is there any food the child should not eat for any reason? ❑ YES ❑NO

If yes please specify

_____

Ambulance Cover? ❑ YES ❑NO

Permissions

I the undersigned, certify that the above information is correct and give permission for my child to attend and participate in Footscray Community Arts Centre activities/programs. In the event of a medical emergency, I give permission for medical treatment to be administered.

Print name of participant _____

Print name of Signatory _____

Signature _____

Relationship to participant _____

Date_____

Indemnity

- I fully understand the nature of the class / project program of Footscray Community Arts Centre and as such agree to participate at my own risk, knowing and accepting that Footscray Community Arts Centre ensures that activities are carried out in as safe a matter as is reasonable.
- I agree to abide by the guidelines set out by Footscray Community Arts Centre and follow the instructions given by the tutors and facilitators.
- I will not use any of the equipment without permission.
- I also undertake to pay all medical costs, which may be incurred by me or by anyone else as a result of my actions while participating in these classes / projects.
- I shall, on demand, indemnify and keep indemnified Footscray Community Arts Centre against all reasonable costs, charges, expenses, liabilities, outgoings and payments which Footscray Community Arts Centre pays, is liable to pay, or sustains in any away arising from any circumstances which may occur during my attendance at the classes /project / workshop.

Footscray Community Arts Centre will respect your right to information privacy. Information which we collect and hold is kept in accordance with Information Privacy Laws. We will use our best endeavours to keep the information accurate, up to date and securely handled and protect the information from misuse and unauthorised access.

Print name of participant _____

Print name of Signatory _____

Signature _____

Relationship to participant _____

Date_____

PAYMENT DETAILS

□ Cash $_____
□ Cheque
□ Credit Card
□ Phone Payment

Type: □ Visa □ M/C □ B/C

Card Holders Name_____

Card Number □□□□ □□□□ □□□□ □□□□ Expiry Date □□□□

45 Moreland St, Footscray 3011 www.footscrayarts.com Ph. 9362 8888 fax 9362 8866
reception@footscrayarts.com