



# 2010 SYTE ENROLMENT FORM

Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

School attended: \_\_\_\_\_

Participant mobile: \_\_\_\_\_

Participant email: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Workshop(s) name: \_\_\_\_\_

How did you hear about SYTE: \_\_\_\_\_

\_\_\_\_\_

Parent/guardian (name): \_\_\_\_\_

Relationship: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post code: \_\_\_\_\_

Bill to (name): \_\_\_\_\_

Emergency contact (name): \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact: \_\_\_\_\_

Doctor (name): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare No: \_\_\_\_\_

Is there any medical information we might need to know?  
(allergies, recurring illness, medical aids) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any behavioural conditions we might need to know?  
(ADHD, Asperger's Syndrome etc) \_\_\_\_\_

\_\_\_\_\_

In an emergency, I give SYTE permission to:

Call an ambulance to attend: Yes  No

Contact the emergency contact: Yes  No

Contact any doctor: Yes  No

## Consents

Please read these statements very carefully, initial those to which you consent and sign below.

I consent for the participants to be involved in SYTE workshops, projects, production and other SYTE organised activities.

I consent for the participant take part of supervised excursions arranged by SYTE.

I consent to the transportation of the participant via a SYTE – arranged vehicle and driver for excursions, in schools touring, productions, theatre camps and other SYTE – related business when required.

I consent to the participant being photographed and for their image and name to be published in circumstances that SYTE'S Creative Director deems appropriate.

I consent to SYTE staff applying sunscreen or insisting sunscreen be applied to the participant if required.

I consent to the participant being taken by a staff member to the local hospital or doctors surgery in the event of a minor injury.

Signature of parent/guardian/participant (if over 18yrs):

\_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

## Agreements

Please read these statements carefully and sign below.

I agree to pay the required fees for the participant's involvement with SYTE and all SYTE-related programs and accept the policies and rules of the company.

I understand that it is my responsibility to re-enrol the participant in the SYTE workshop program each school term and that failure to do so may result in a position in a workshop being unavailable.

I understand that prior to the participant's involvement in a SYTE activity, their annual membership fee must be paid.

I agree that SYTE staff may administer first aid to the participant if the need arises.

I understand that if at any time SYTE staff considers that the participant requires emergency medical/ hospital/ ambulance service they will have the local medical/ hospital/ ambulance attend the participant. I acknowledge that I will be liable for any medical / hospital and ambulance expenses incurred in the treatment of the participant.

I certify that the information entered upon this form is true to the best of my knowledge and that I have provided any and all of the information necessary to ensure that I or my child/ward has a positive and safe experience while at SYTE. I undertake to inform SYTE of any changes to the information provided.

Signature of parent/guardian/participant (if over 18yrs):

\_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Any other information that SYTE needs to know:

\_\_\_\_\_

\_\_\_\_\_