

Please complete all sections of this form and return to us by fax, post or in person by Friday 5 February

1 Personal Details

Family Name _____

Given Name(s) _____

Address _____

Postcode _____

Date of Birth _____

Age _____

Home Phone _____

Mobile _____

Email _____

Emergency Contact Name _____

Emergency Phone _____

Please give details of any special requirements or medical conditions

2 Your Preferences and Experience

I would like to apply for the following group (please circle):

Youth Beginners **Youth Intermediate** **Youth Advanced** **Q Youth Company** **Adults**

I have been studying Drama at school for _____ (insert number) years

I have been involved in **studioQ** for _____ (insert number) years

Major roles I have had in school performances/productions include:

Role	Name of Production	Year of Performance

Major roles I have had in non-school performances/productions include:

Role	Name of Production	Year of Performance	Organisation Which Produced Performance

3 Payment

I am paying for Semester 1 (please tick):

- Upfront = \$500 (save \$50)**
- In Instalments of \$275 now and \$275 on Friday 16 April**

Please tick the relevant box below to indicate your method of payment:

- Credit Card**
- Money Order**
- Cheque (made payable to Penrith Performing & Visual Arts Ltd)**
- EFTPOS**
- Cash (in person at the Box Office)**

If paying by Credit Card please complete the following:

Type of Card (please tick)

- Visa
- MasterCard

Name on Card: _____ Card Number: _____

Expiry Date: _____ Signature: _____

- If you are paying \$275 now and wish to have the second payment of \$275 automatically deducted from your credit card on Friday 16 April please tick this box**

4 Agreement

Please read carefully and ensure **applicant** (all applicants) and **parent/guardian** (for applicants under 18) sign below.

Emergency Action

In the event of an accident or illness requiring emergency medical treatment, Penrith Performing & Visual Arts Ltd will take all reasonable steps to contact the Emergency Contact listed above. However, should this prove not to be possible, I authorise representatives from the company to seek emergency medical treatment for me.

Indemnity

I agree to indemnify Penrith Performing & Visual Arts Ltd for any personal loss, injury or damage that may result from participating in the workshops and related projects.

Publicity

I consent to photographs, videos and other recordings of me being used in programs, advertising and other promotional material related to Penrith Performing & Visual Arts Ltd activities.

Applicant's Signature _____

Date _____

Name of Parent/Guardian _____

Phone _____

I declare that the information supplied above is true and correct and I give consent for my son/daughter/ward to participate in **studioQ2010** workshops. I also give consent to the agreements listed above (Emergency Action, Indemnity, Publicity) and I understand that **studioQ** tutors and staff at the Joan Sutherland Performing Arts Centre will not accept any responsibility for the supervision of my son/daughter/ward prior to or following completion of each workshop, rehearsal or performance.

Parent/Guardian Signature _____

Date _____

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