



Information Form

Section A Personal Details	
First Name:	Last Name:
DOB:	Mobile No:
Gender:	Occupation:
Address:	
Email:	
How did you find out about Bonnie Curtis Projects? <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Internet Search <input type="checkbox"/> BCP Mailing List <input type="checkbox"/> Word of Mouth (if yes, who) _____ <input type="checkbox"/> Other (please specify) _____	
Do you identify as Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you identify as having a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you identify as being culturally and linguistically diverse? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you live or work in Western Sydney? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you live or work in Regional NSW? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section B Emergency Contact Details	
Name:	Relationship to you:
Address:	Mobile No:
Section C Medical Details	
Please fill in this voluntary questionnaire and return it to Bonnie Curtis Projects. All information will be treated confidentially and cannot be used to discriminate against any person in any way. Access to, storage and archiving of this information shall be in accordance with all relevant legislative requirements. This information requested is designed to ensure that appropriate regard is given to the health and well-being of every person in the working environment.	
Blood Type (if known):	
Doctor Name (if relevant):	Doctor Phone No:
<i>Continues on following page.</i>	

1. Do you have any physical disabilities or pre-existing medical conditions? [] Yes [] No *If yes, please provide details including treatment in the event of an incident (eg asthma, epilepsy, diabetes, back problems).*
2. Do you have eyesight impairment that requires you to wear glasses? [] Yes [] No
3. Do you have hearing impairment that requires you to utilise a hearing aid? [] Yes [] No
4. Have you had a tetanus injection in the last five years? [] Yes [] No
5. Do you have any allergies? [] Yes [] No *If yes, please detail any allergies to drugs, including drugs such as penicillin, antihistamines, aspirin etc.*
6. Are you on any regular medication at this time? [] Yes [] No *If yes, please provide details.*

Section D

Liability Waiver and Acknowledgment of Risk

READ AND SIGN BELOW. REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED BEFORE PARTICIPATION

I understand and agree that in participating in any dance class, workshop, audition, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me, or my child during any of the Bonnie Curtis Projects classes, auditions, rehearsals, performances, or activities. I also exempt, release, and indemnify Bonnie Curtis Projects, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Bonnie Curtis Projects. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Bonnie Curtis Projects, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights. Permission is granted to Bonnie Curtis Projects to use photographs and videos of participants for publicity purposes.

I have read, understood and agree to be bound by the above statement.

(Please print your name, sign & date).

Name:	Date:
Signature: (Participant)	Signature of parent, witness or guardian (for participants under the age of 18 years):

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