



A U S T R A L I A

ACT-BELONG-COMMIT CO:YOUTH ENSEMBLE 2017 REGISTRATION FORM

Please complete and return to Co3

PARTICIPANT DETAILS

First Name:	Last Name:		
M / F	DOB: / /	Age:	
Aboriginal/Torres Strait Islander? Y / N			
Address:			
Suburb:	State:	Post Code:	
School:	Year:		
Participant Email (Optional):			
Participant Phone (Optional):			

Membership

- ☐ Act-Belong-Commit Co:Youth Ensemble
- ☐ Reserve Squad
- ☐ Elite Training Squad

T-Shirt Size:	Adult/Child	Pant Size:	Adult/Child
Shoe Size:	Adult/Child		

Medical Details (optional)

We collect medical details so that if your child needs assistance at any time, we can be as prepared as possible to make sure they are looked after.

Medicare Number:	Ref:		
Private Health Fund:	Number:	Ambulance Cover: Y / N	
Family Doctor:	Phone:		

Does the participant suffer from any of the following (please tick):

- | | | | |
|---|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Respiratory Problems |
| <input type="checkbox"/> Nose Bleed | <input type="checkbox"/> Fainting | <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Anxiety/Depression | | | |

Please give any details of any allergies, medication or recent/current injuries:

Panadol Permissoin: I give permission for the appropriate dosage of Panadol to be given to my son/daughter if they request it: YES / NO

PARENT / GUARDIAN DETAILS

First Name:	Last Name:	
Email:	Phone:	
Address (if different):		
Suburb:	State:	Post Code:
Other Emergency Contact Name:		
Phone:	Relationship:	

Payment Option

☐ Upfront Payment ☐ Term Instalment ☐ I wish to discuss a payment plan

Send invoice: ☐ post ☐ email

HEALTHWAY AGREEMENT

Healthway is the major sponsor of Co3's youth, education and engagement programs. The Company promotes Healthway's Act-Belong-Commit message through all its Co:Youth programs. Participants involved are considered role models by Healthway and are expected to lead by example at any official engagement or activity related to the sponsored program.

☐ I agree to not smoke, carry tobacco products, or drink alcohol (under 18 years)/drink alcohol irresponsibly (18 years and over) while representing Co3 at any official engagement or any activity related to the program including company training, workshops, rehearsals and performances.

PHOTOGRAPHIC AGREEMENT

☐ I give Co3 permission to use photographic and video material, which may contain my image, this year and in the future, for the purpose of company marketing, publicity, promotion and educational purposes.

PARTICIPATION AGREEMENT

I/We understand the commitment to participate in the 2017 Act-Belong-Commit Co:Youth Ensemble and/or the Elite Training Squad/Reserve Training Squad. I will attend all Co:Sundays, rehearsals, showings and performances required of me and notify Co3 of any absence.

I/We have read and understood the full membership agreement and exclusion policy provided by Co3 prior to my commencement in the program.

Signature of Parent/Guardian (If participant under 18 years)

Signature of Participant (If over 18 years)

Date

Date



Government of Western Australia
Department of Culture and the Arts



PLEASE NOTE

If the participant is under the age of 18 (eighteen) then the Declaration must be completed by the participant's legal guardian. If you are over 18 years this form must still be completed. However you may complete and sign on your own behalf.

TO: The Contemporary Dance Company of Western Australia (trading as Co3 and hereinafter called 'the Company')

I _____ AND
PARTICIPANT'S NAME, PLEASE PRINT

PARENT/LEGAL GUARDIAN NAME, PLEASE PRINT _____

(hereinafter called 'the Member') hereby:

1. Consent the Member, subject to supervision by a member of the Board, and/or Professional Staff, taking part in classes, workshops, rehearsals and performance for the Company.
2. Exonerate the Board and/or Professional Staff from any legal responsibility for personal accidents or loss of personal effects including money belonging to the Member, which is not attributable to the negligence of the Board and/or Professional Staff.
3. In the event of an emergency, (a) Consent (in the case of accident or illness) to the Board and/or Professional Staff seeking such medical or dental advice on behalf of the Member as the Board and/or Professional Staff sees fit, and if in the opinion of an attending medical or dental practitioner or medical officer, the member required medical or dental attention or treatment including the administration of anesthetics, blood transfusions or the performance of any surgical operation, to such being carried out if it is not possible to contact either of us within such time is considered by the medical practitioner or officer to be a reasonable period in the circumstances of the illness or accident.
(b) Agree to be responsible for the cost of any medical and/or hospital or denture treatment referred to in 3(a) hereof.

Parents/Guardians and Members need to be aware that:

- Members are only covered by public liability insurance while participating in any company activities if they are injured as a result of negligence by the Board and/or Professional Staff.
- Insurance for personal accidents and loss or damage of personal property is the responsibility of parents/guardians and Members.
- The Board and/or Professional Staff are not responsible for members prior to the commencement and following the conclusion of any company activities.

COMPANY EXCLUSION POLICY

Through participating in the 2017 Act-Belong-Commit Co:Youth Ensemble, Co3 aims to offer members a positive and professional dance experience. The Company expects that young people who are selected into the company, understand that a high standard of cooperation, commitment and behavior is expected. The professional Staff engaged to work with the Act-Belong-Commit Co:Youth Ensemble cannot tolerate poor and/or inappropriate behavior. Examples of poor and/or inappropriate behavior include: Continual lateness to rehearsal or failure to attend rehearsal without explanation, demonstrated poor effort over a number of rehearsals, offensive language to professional staff or other company members, damage of any kind to property and bullying or physical intimidation.

While the Company has experienced few instances of the type of behavior listed above, the Company has adopted a formal policy to deal with this issue should it occur.

The Company Exclusion Policy is a process that involved the following:

- Recording of the incident;
- Follow up discussion with parent and company member;
- Exclusion from the project if the behavior is determined serious or ongoing.

I/We understand that poor and/or inappropriate behavior may result in me being excluded from the project.

DECLARATION

I declare that I have:

- Read and understood the information contained above;
- Answered each and every question in my membership form fully and honestly;
- Provided all reasonable and relevant information.

If anything happens during my participation in the Act-Belong-Commit Co:Youth Ensemble which alters any of the information I have provided, I will promptly inform Co3 Australia.

NAME

SIGNATURE

DATE

/ /



Government of Western Australia
Department of Culture and the Arts



King Street Arts Centre, Level 1, 357-365 Murray Street PERTH, WA 6000
T +61 8 9226 2322 F +61 8 9226 2323 E info@co3.org.au W co3.org.au
PO Box 7009 CLOISTERS SQUARE, WA 6850

