# **BMF Rock School Inc**



### **BMF Rock School Inc Term Program Registration Form**

Registration Details				
Participant's Name			DOB:	
Name of Parent, Carer or	Guardian:			
Address				
			Postcode:	
Phone:		Mobile:		
Email:				
Is the parent also the eme	ergency conta	act during the program?	Yes	No
If No please provide an al	ternative <u>Em</u>	ergency Contact below:		
Name:		Relationship:		
Phone:		Mobile:		
Are there any medical or o	other conditio	ons that we need to be a	ware of?	
If Yes please provide deta	ails:			
Will your child need to tak own medication?	e medication Yes	during the program and No	l can he/she ta	ake their
Details:				
Music Experience: Please provide any details us in program planning ar	•	•		assist

## **BMF Rock School Inc**



#### **Photo Permission:**

Do you give BMF Rock School Inc permission to use images, videos & voice recordings of your child for publication or promotional use? Yes No

#### **Confidentiality and Privacy**

BMF Rock School Inc will only collect, use or disclose personal and health information about young people and their families in accordance with current Privacy legislation.

### **Safety**

Every effort will be made to ensure your child's health and safety during the program In the event of an accident or illness we will take all measures to seek appropriate medical or first aid treatment, including calling an ambulance, in the event that we are unable to contact the parent, carer or guardian or the nominated emergency contact person.

Your child will also be expected to follow the directions of staff during the program. BMF Rock School Inc and their workers do not accept liability for any illness, accident, damage, or injury to your child or damage to their property.

Please note that all program staff have a current Victorian Working With Children's Check.

**Term Fees: \$450** Discounted to **\$400** if paid in full at commencement of the program. Please direct deposit into the following Bendigo Bank account.

BMF Rock School Inc: BSB 633000 - Account Number 169 304 169

#### Permission for my child to participate in the BMF Rock School Term Program:

Signed:	 .Date:
Print name:	 