



Dance Participant Information

Contact Details

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| Full Name: | |
| Phone: | |
| Email: | |
| First Name & Ph. No. for your Emergency Contact: | |

Medical History

Do you have any known allergies/sensitivities, predisposing health conditions, injuries or medications which could cause an issue while participating in sessions? Yes No

If you answered 'yes' or if you have anything you would like the class teacher to know about you, please list and describe more details here.

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How Did You Hear About Titch Haven?

- FaceBook page
 Email
 Website
 Word of Mouth
 Newspaper
 Other: _____

Participant Statement

I have read and understood the Titch Haven **Privacy Policy** and consent to the use of my information by this business.

I acknowledge that payments for Drum and Dance lessons are to be made in full prior to the commencement of the session. I have read and understood the **Refund Policy**.

I have read and understood Titch Haven's **COVID-19 Policy**. I agree to adhere to all government regulations surrounding the COVID-19 pandemic, including any mandates around the wearing of masks in the community. I will not attend sessions should I be at risk of carrying or am showing symptoms of COVID-19 or any other infectious illness. Upon arrival at the dance venue, I will promptly sign into the SafeWA register (either using the App on my phone or completing the manual register) and sanitise my hands. I will maintain a 1.5m physical distance between myself and others as much as possible. I have provided evidence of my vaccination certificate to the Dance Leader.

I understand that participation in sessions is at my own risk and Titch Haven administration, class teachers and the venue will not be held liable for injuries or reactions sustained while participating. I will use my own discretion should I not wish to participate or withdraw from participating due to knowing my own limits.

The class teachers may record some of the session in photos or videos. Titch Haven may share such media publicly - on social media such as FaceBook and YouTube, in emails, or on promotional material (e.g. flyers). If I wish to withdraw consent for photos and/or videos to be used in this way, I will indicate this to the class teacher. Should I wish to take photos during the session, I must seek permission from all those captured in media. Videos are not permitted during dance sessions, unless with express consent by the class teacher.

If at any time during the sessions I should feel uncomfortable for any reason, I will tell the class teacher immediately.

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| Participant Name: | Signature: |
| Dance Leader: | Signature: |
| Date: | Initial when Vaccine Cert. Sighted: |