

LA TROBE UNIVERSITY Folio Preparation Workshop 2009

STUDENT/PARENT ACCEPTANCE FORM, MEDICAL AUTHORITY & RELEASE

Name of Student:..... (“the Student”)
 Date of Birth: Medicare Card No:
 Address:
 Postcode:

I/We the parent(s)/guardians(s) of the above Student:

1. authorise La Trobe University including its employees, agents and contractors to obtain medical attention or treatment for the Student as deemed necessary in the event of an emergency and agree to satisfy in full any associated expenses.
2. advise of the following known allergies or pre-existing conditions (eg Asthma, etc) or other out of the ordinary physical or medical concerns relating to the Student.

3. agree not to send the Student to attend the Program if he/she suffers from any infectious or contagious disease.
4. acknowledge that the University will not meet the cost of any medical or hospital service incurred and that it is my/our responsibility to ensure that I/We have adequate health insurance at all times.
5. agree that the University including the University’s employees, agents and contractors shall not be deemed responsible or liable, whether in contract or in tort or under any statute, for any injury, illness, loss or damage or other mishap to the Student or the Student’s property sustained in, arising from or out of, or in any way directly or indirectly connected with the Student’s participation in the Program except where the University has been negligent or unlawful.

Date:.....
 Father (Print name):.....
 Signature:.....
 Mother (Print name):.....
 Signature:.....
 Legal Guardian(Print name):.....
 Signature:.....
 Contact numbers: Ph):.....
 Mobile:.....

****STUDENT ACCEPTANCE OF RESPONSIBILITY**

I,, the Student, agree to:
 abide by all the rules of the Program as directed by the University;
 take responsibility for my own behaviour; and
 **cooperate with the University’s students who will be in attendance throughout the Program to act as buddies and leaders.

Signed by the Student
 Signature:
 **optional



Workshop **REGISTRATION FORM**

NAME
 ADDRESS
 POSTCODE TEL
 SCHOOL

YES I WOULD LIKE TO PARTICIPATE IN THE VISUAL ARTS & DESIGN FOLIO WORKSHOP ON 29TH & 30TH JUNE- 2009

DATE OF BIRTH
 Free supervised accommodation (breakfast included) at Koolamurt Scout Camp, Retreat Rd Spring Gully (short distance from La Trobe) is available with free return transport to the university. Please indicate if you require accommodation 29th June (Mon night) (limited places available)

PAYMENT DETAILS

I enclose a cheque payable to La Trobe University, Bendigo for \$..... OR Please debit my: BC MC Visa
 Cardholders name
 Cardholders No- _ _ _ _ _
 Signature Expiry/.....
 Total amount \$.....

Indicate which workshop you wish to attend (tick one box)
 Ceramics Graphic Design
 Painting/Drawing Photography
 If your above preferred workshop is full and you would be happy to attend another please indicate your second preference as ‘S’

Please return with your payment as soon as possible to: Jennifer Uren
 School of Visual Arts and Design
 La Trobe University, Bendigo
 P.O Box 199 Bendigo, Victoria 3552
 Tel: (03) 5444 7969 Fax: (03) 5444 7953