WEST AUSTRALIAN
**BALLET**

# YOUNG PERSON'S ENGAGEMENT DETAILS FORM

**Name of Production**: Port Hedland Project 10 2025
**Project Timeline:** February 2025

| YOUNG PERSON'S DETAILS | | | | |
|---|---|---|---|---|
| Surname | | | | |
| Given Names | | | | |
| Pronouns (optional) | | | | |
| Date of Birth | | | | |
| Address | | | | |
| | Suburb | | Post Code | |

| PARENT / GUARDIAN DETAILS | | | | |
|---|---|---|---|---|
| Parent / Guardian Name | | | | |
| Parent / Guardian Email | | | | |
| Parent / Guardian Phone | m. | | w. | |

| ALTERNATIVE EMERGENCY CONTACT | | | | |
|---|---|---|---|---|
| Details of alternative emergency contact who has authority to consent to medical treatment of the young person (for example, other parent) | | | | |
| Full Name | | | | |
| Phone | m. | | w. | |

| MEDIA RELEASE | | | | |
|---|---|---|---|---|
| I understand that I/my child may be photographed or filmed during the classes/workshops and that West Australian Ballet may use these photograph/s and/or footage for reporting and publicity purposes, including on social media. | | | | |
| I agree to the above | YES | [TICK BOX] | NO | [TICK BOX] |
| I understand that historically West Australian Ballet has been asked to share these photograph/s and/or footage with the **partners and/or sponsors**, contracted photographer and local dance schools and they may be used for publicity purposes, including on social media. I give my permission for this to happen. | | | | |
| I agree to the above | YES | [TICK BOX] | NO | [TICK BOX] |

## YOUNG PERSON'S MEDICAL INFORMATION

| Does the young person have any allergies / medical issues / dietary restrictions? | | | | |
|---|---|---|---|---|
| (if yes, please provide details over page) **YES** | [TICK BOX] | | **NO** | [TICK BOX] |
| I agree to EMERGENCY medical treatment of the young person if necessary | **YES** | [TICK BOX] | **NO** | [TICK BOX] |

## Which of the following applies to your child (List all that apply):

☐ Mild – Moderate Allergy. Please indicate the allergen/s HERE:

………………………………………………………………………………………………………………………………

☐ Severe - Anaphylactic Allergy. Please indicate the allergen/s HERE:

………………………………………………………………………………………………………………………....

☐ Dietary Restriction. Please indicate the restriction/s HERE:

………………………………………………………………………………………………………………………....

☐ Asthma. Please indicate trigger/s HERE:

………………………………………………………………………………………………………………………....

Asthma Severity (Please Circle):     Mild     /     Moderate     /     Severe

☐ Other Medical Condition

Please Specify:

## Does your child currently take medication for any of the above conditions?

☐ YES - daily

☐ YES - Only during a reaction or episode

☐ NO

If yes, please specify:

## During a reaction, what symptoms should WAB staff members look out for?

## If a reaction occurs, what steps or remedies need to be taken?

**Please note: If your child suffers a reaction while under the care of WAB, you will be notified at the earliest possible time. WAB will call an ambulance if your child develops difficulty in breathing, swelling of the tongue / throat or if they lose consciousness.**

## Any additional information to help us support your child:

*E.g. Learning, emotional or physical needs.*

Please Specify:

**DISCLAIMER & WARNING OF PERSONAL INJURY RISK:**

Dance classes/workshops involve a risk of personal injury to participants in those classes/workshops. Such risks include physical injury whilst performing exercises and routines, and the possible failure of equipment used in the classes/workshops.

West Australian Ballet always implements safe dance practice and endeavours to encourage young people to attempt activities that is suited to their age and ability. West Australian Ballet accepts no responsibility for injury or loss caused during the activities which it operates or whilst participants are at or near the rehearsal and/or performance space.

To the extent permissible at law, I release and hold harmless West Australian Ballet, its officers, employees, agents and consultants from any and all liability arising from or in connection with my/my child's participation in the classes/workshops provided by West Australian Ballet or my/my child's being at or near the rehearsal and/or performance space.

By accepting a position in **Port Hedland Project 10 2024** you acknowledge that you have read and agreed to the above disclaimer.

In consideration for being allowed to participate in the classes/workshops, I understand and agree to the above terms in respect of any class that my child / child in my care participates in with West Australian Ballet during 2024.

| **Parent / Guardian Signature** | | **Date** | |
|---|---|---|---|
| | | | |