



PO Box 2890, Broome, WA 6725, (08) 9193 5658, email: circus@theatrekimberley.org.au

Participant Details

Participant First Name: _____ Last name: _____

Street Address: _____ PO Box #: _____

School Year: _____ Date Of Birth: _____

Parent 1 name: _____ Phone(s): _____

_____ Email: _____

Parent 2 name: _____ Phone(s): _____

(optional) _____ Email: _____

Emergency Contact Name	Emergency Contact Number
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PARTICIPATION AGREEMENT

I/We _____ [Insert full name of parent/s or legal guardian in block letters]

- a) Give consent that _____ [Insert name of child] may participate in the following activities: Sandfly Circus training, rehearsals, performances, including but not limited to acrobatic, aerial and balance activities.
- b) Confirm that the child named above does not have any medical condition/s that exclude them from taking part in the above activities. Ongoing medical issues that Theatre Kimberley should be aware of are:

- c) Confirm that my child will inform Theatre Kimberley **BEFORE ANY** activities if there are **ANY** reasons that may affect their ability to participate safely in the activities above.
- d) Acknowledge that I/we have read and understand the rules of the activities [see 'Sandfly Circus Rules' document] and that I/we are bound by these rules.
- e) Acknowledge that I/we have an obligation to ensure that my/our child understands and abides by the rules of the activities.
- f) I/we understand there are risks associated with my/our child's participation in the activities listed above that can result in injury.
- g) Consent to the child named above receiving medical treatment and that I/we agree to reimburse Theatre Kimberley for all medical costs incurred.
- h) Agree that I/we have read and understood this Participation Agreement.
- i) Give permission for my child to be photographed or videoed, and for those images to be used for Sandfly Circus/Theatre Kimberley reporting and promotional use (including social media such as Facebook and on our website). Please tick: I agree OR I do NOT agree

Signature: _____ Date: _____

Witness: _____