Toolangi Castella District Community House Inc

Enrolment form

Email: tdchinc@bigpond.com Phone: 03 5962 9060

Personal Information	Name		
	Email address		Suburb
	Mobile phone number		
	Emergency Contact and phone number		

Media Consent	I agree/do not agree to photos and videos that include my identifiable image being used by Toolangi Castella District Community House Inc for publicity purposes. This includes our website, Facebook page, flyers and videos.

	Course	**Term**	**Cost**	**Payment type—Cash or Bank transfer**
Course Details				

Course Details	Do you have a medical condition or disability that the staff need to know about. Circle YES NO All information collected is solely for the purpose of ensuring your needs are met both in class and in the event of a medical emergency. This information is not disclosed to any person without your consent.

Consent	My signature below confirms my consent to Toolangi Castella District Community House Inc, seeking, or where appropriate administering such emergency treatment as is reasonably necessary. This includes the calling of an ambulance to attend for assessment and treatment of my medical condition. My consent also extends to the tutor of my course to have access to my full name, phone number, medical and emergency details in order to ensure that the most appropriate action can be taken in the event of an emergency. The information collected on this form is for the purposes of contact and billing. Details are held on Cloud Software—Class manager, which is hosted overseas. Signed: _____ Date: _____