NSTI KIDS PROGRAM APPLICATION

CONTRACTOR OF THE STATE OF THE
NUMURKAH
SINGERS THEATRE
INCORPORATED EST 1963

18-YEAR-OLD APPLICANT/PARENT/GUARDIAN DETAILS

Please fill out the below information for Applicant's aged 18 years or Parent/Guardian. Full Name **Preferred Name** Date of Birth Occupation Email Address Address City State Postcode Phone/Mobile **Pronouns Program Applicants** Please note: this section is for child/ren of the parent/guardians of the above or the siblings of an 18-year-old applicant. Child/ren Sibling Details Full Name Preferred Name Pronouns DOB Mobile (if applicable) MEDICAL DETAILS Are there any medical conditions we should be aware of (e.g. Asthma, Anaphylaxis, Epilepsy) Child's Name Medical Condition Require Medical If Yes, Child's Name Treatment Plan Treatment Please Specify ☐ Yes ☐ No I give permission for medical attention to be sought in case of emergency and accept full financial responsibility. **Emergency Contact 1** Phone/Mobile Relationship to Applicant **Emergency Contact 2** Phone/Mobile Relationship to Applicant

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	iblings = \$400) 1 OR 2 Childrer	n \$120	ea		3+	Children \$100	ea		shekoW.sec
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