

THE AUSTRALIAN ACTORS STUDIO

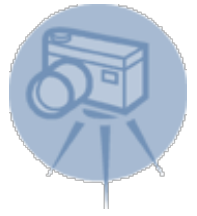
ENROLMENT FORM

Today's date:					
STUDENT INFORMATION					
Students last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):		Birth date: / /	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Mob PH:	Home PH: ()	
P.O. box:	City:	State:		Post Code:	
Email Address:	Employer/School			Emp/Sch phone no.: ()	
How did you hear about this course (please check one box): <input type="checkbox"/> Family <input type="checkbox"/> Advert <input type="checkbox"/> Close to home/work <input type="checkbox"/> Google <input type="checkbox"/> Other					
Course Name:		Course Commencement:			

IN CASE OF EMERGENCY			
Name of local friend or relative:	Relationship to Student:	Home phone no.: ()	Work phone no.: ()
<p>The above information is true to the best of my knowledge. I confirm that the amount of Being the enrolment fee for the above-named course has been paid with by EFT or direct deposit with receipt/confirmation number or attached cheque/money order. I understand that should this particular course be full upon receipt of this payment and enrolment that the full amount will be refunded, otherwise this application secures my place in the course and no refunds will be issued. For credit card debit please complete below authorisation.</p>			
_____ <i>Student/Guardian signature</i>		_____ <i>Date</i>	

CREDIT CARD AUTHORISATION: (2.2% FEE APPLIES FOR ALL CREDIT CARD TRANS)

I authorise The Australian Actors Studio to debit my;	
Card Type (Please circle): VISA MC AMEX	
Card Number: _____/_____/_____/_____	Expiry: ____/____
CCV: _____	AMOUNT: \$ _____
Name on Card: _____	
Signature: _____	



RELEASE FORM FOR MEDIA RECORDING (OPTIONAL)

I, the undersigned, do hereby consent and agree that The Australian Actors Studio & The Academy of Television, its employees, or agents have the right to take photographs, videotape, or digital recordings of me during my workshop's and to use these in any and all media, now or hereafter known, and exclusively for the purpose of business promotions, website and social media. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to The Australian Actors Studio & The Academy of Television, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that The Australian Actors Studio & The Academy of Television is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name

Address

Phone

Witness for the undersigned

Signature

Date