

**Cast Member Details**

Name: .....  
first last

Sex: M/ F      School: .....      Yr: .....

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_      Age: .....

**Parent/Guardian** \*

Name: .....  
first last

Phone: .....  
home work mobile

Parent Email:.....      Occupation: .....

Address: .....  
 .....  
 Postcode: .....

**Emergency Details** \*

Special Medical Conditions,  
*allergies, asthma, behavioural difficulties...* .....

.....

**Emergency Contact** *Different from above please (in case we can't get hold of you!)*

Name: .....      Phone: .....

**Where did you hear about AllStars?**

.....

**Please enrol me for:**

**January 2012**      Week One   
 Week Two   
**April 2012**      Week One   
 Week Two

**July 2012**      Week One   
 Week Two   
**October 2012**      Week One   
 Week Two

please make cheques payable to NYTC with the cast members name on the back and post to:  
 NYTC, PO Box 305412, Triton Plaza, North Shore City 0757  
*I hereby authorise any images [photographic and/or video] of my child to be used for promotional purposes.*

Parent/Guardian signature: .....      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_