

# Knit 'n' Sew Studio

Knitting Sewing Crochet

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## ENROLMENT FORM

Student Name:

Age:

Absolute Beginner or Some Experience:

Date Attending:

Preferred Project (offered on your date):

Allergies /Medical Conditions: If Yes, please specify

Parent / Guardian Name:

Address:

Email Address:

Contact Phone Number (Mobile):

Parent / Guardian Signature\*

## Terms & Condition

1. I give permission for my child to be a participant of Knit 'n' Sew Studio's sewing lessons at 3 Kate Street Turrumurra ("the Program") and to participate in classes and workshops associated with the Program.
2. I have provided all the information that is necessary for employees and volunteers of the Program to plan safe and reasonable care of my child during the Program.
3. In the event of any accident or illness throughout the duration of the Program, where contact with the children's parent/guardian is impossible, I hereby authorise the obtaining on my behalf of any medical assistance for my child that a registered medical practitioner considers necessary. I further authorise qualified practitioners to administer anaesthetic to my child if such an eventuality arises. I undertake to pay any medical, ambulance fees and/or costs incurred in this regard.
4. I understand that the Program and it's owners, teachers and volunteers will under no circumstances be held responsible for any personal injuries, damage and loss to my child that may occur : a)in the course of travelling to and from the Program, and/or b)at the attendance of the Program.
5. I will not bring any legal claim on my child's behalf against the Program and its owners, teachers and volunteers in the event that any personal injury, damage or loss is sustained by my child.
6. \* I have read this permission and disclaimer form and agree with the conditions.



