



Digi Ed Pty Ltd  
Po Box 996  
Kings Langley, NSW, 2147  
A.B.N. 48 119 641 404

The workshop that your child has selected to participate in is known as the Afternoon Digital Animation Workshop or Claymation workshop. In the Ten Week Course students will learn in detail, aspects of producing and editing their own digital animated movies.

Details are as follows:

Venue: Suite A17, 24-32 Lexington Drive  
Bella Vista, 2153  
Date: Every Tuesday starting 26th April 2011  
Time: 6:00pm - 8:00pm

All material for the workshops will be provided and students will be expected to attend all sessions if possible. Students will be fully supervised at all times.

Numbers for this course will be restricted to 12 only.

Please complete the medical form attached and return via fax on 9626 0248, or post to the address on the top of the letter or email to [stowell@digied.com.au](mailto:stowell@digied.com.au) as soon as possible. Don't hesitate to call for clarification and we look forward to seeing you on the 26<sup>th</sup> April.

Steve Towell  
Digi Ed Pty Ltd

***Payment Details are as follows and all Payments must be received prior to the workshop commencing.***

Deposit of

Cheque or money order for \$100.00 payable to;  
and the balance of \$300.00 paid by the  
3rd May 2011

Digi Ed Pty Ltd  
Po Box 996  
Kings Langley, NSW, 2147

or

Direct Deposit; (please include  
student's name in transfer details)

BSB: 302-100  
Account Number: 0873255  
Account Name: Digi Ed Pty Ltd  
Amount: \$100.00 Deposit  
Balance:\$300.00

**SECTION 1. GENERAL**

Student's Name	Age
Preferred Name	Sex

**SECTION 2. PARENT/GUARDIAN CONSENT**

I, , as parent/guardian for the named student:  
 give permission for the named student to participate in the digital animation workshop taking place at the Digi Ed Studio in Term 2, 2011

**SECTION 3. HEALTH REPORT**

**Does the named student have any medical conditions?**

Medical conditions/allergies

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Describe any special care or medication required

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In case of emergency I authorise those in charge to take any steps they may consider necessary for the safety or well-being of the named student, including ambulance travel, medical treatment, hospitalisation, etc. I understand that I am responsible for any treatment costs.

**Yes**  
 **No**

**SECTION 4. EMERGENCY CONTACT PERSON during the workshop(s)**

Person 1  
Name:

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Telephone (Work)	Telephone (Home)	Telephone (Mobile)
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Person 2  
Name:

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Address

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Telephone (Work)	Telephone (Home)	Telephone (Mobile)
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**SECTION 5. SIGNATURE**

Full Name of Parent/Guardian

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Signature of Parent/Guardian	Date
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