

Ø Online Form - Drumbeat - 2024

Activity Name:	Drumbeat - 2024
Date/Time:	 Wednesday 31 July 2024 9:10am - 10:10am Wednesday 7 August 2024 9:10am - 10:10am Wednesday 14 August 2024 9:10am - 10:10am Wednesday 21 August 2024 9:10am - 10:10am Wednesday 28 August 2024 9:10am - 10:10am Wednesday 4 September 2024 9:10am - 10:10am Wednesday 11 September 2024 9:10am - 10:10am Wednesday 18 September 2024 9:10am - 10:10am Wednesday 25 September 2024 9:10am - 10:10am Wednesday 16 October 2024 9:10am - 10:10am Wednesday 30 October 2024 9:10am - 10:10am Wednesday 30 October 2024 9:10am - 10:10am Wednesday 13 November 2024 9:10am - 10:10am Wednesday 20 November 2024 9:10am - 10:10am Wednesday 27 November 2024 9:10am - 10:10am Wednesday 4 December 2024 9:10am - 10:10am Wednesday 11 December 2024 9:10am - 10:10am Wednesday 18 December 2024 9:10am - 10:10am
Description:	Holyoake's DRUMBEAT is the world's first structured learning program using music, psychology and neurobiology to reconnect with ourselves and others. The name DRUMBEAT is an acronym for Discovering Relationships Using Music, Beliefs, Emotions, Attitudes, and Thoughts. DRUMBEAT incorporates hand drumming, behavioural therapeutic principles and cognitive and dialectical elements to achieve positive outcomes. It is estimated that over 100,000 people around the world have participated in and experienced the benefits of the program so far.
Venue:	School
Due Date:	Tuesday 30 July 2024

* indicates a required field

I have read the above details and give consent for my child, to attend the Drumbeat - 2024. I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health

is a risk that my child r	epartment of Education's policies and procedures. I acknowledge and accept that there nay be exposed to COVID-19 whilst attending and participating at this event. I confirm the tend if displaying any symptoms of illness, and/or if directed to isolate under public
health orders. *	ttend if displaying any symptoms of limess, and/or if directed to isolate under public
○ Yes ○ No	
Student Name:	
Parent/Carer Name: *	
Parent/Carer Phone No	ımber: *
Emergency Contact Na	me: *
Emergency Contact Ph	one Number: *
Medical conditions/inf	ormation relevant to the activity (including any medication required):
I give permission for m	y child to be recorded or photographed to promote the event on local and social media:
○ Yes	
O No	
Parent/Carer Signature	;: *