

Academy of Fight Directors Canada **2025 National Stage and Screen Combat Conference**

Intake Form:

*Please fill out the following form to your comfort. Contact information is required for participant safety. Any additional information is only used to help support participants learning and experience at this workshop. No information will be shared outside the staff of the workshop. If you do not wish to share information with all of the staff of the workshop but would like one particular staff member to know please specify. Required fields are represented in bold. Intake forms will be received and reviewed by **(Name)**. If you have any questions regarding any requested information on this form please feel free to reach out with questions. Thank you!

Contact information:

*Participants personal information will not be distributed for any reason. Contact information is collected in case of emergencies and will only be used for those purposes.

Name (legal): _____ **Date of Birth:** _____

Address:

Street: _____ City: _____

Province/State: _____ Postal Code/Zip: _____

Phone #: _____ E-mail: _____

Emergency Contact:

Phone #: _____ Relationship: _____

Preferred name(s) for class: _____

Pronouns (if you wish to share): _____

Allergies:

*including but not limited to: topical lotions, food, pet, environmental, and aversion to scent and dietary restrictions/ preference.

Injuries:

Additional Physical, mental, and/or emotional things about me I would like to share with workshop staff and/or instructors:

Please list any access needs you may have:

Previous stage combat or movement training:

Places you would prefer not to be touched:

Content for scene work you would prefer not to interact with:

Content for Scene work you would be excited to interact with:

Favourite learning styles:

If my Birthday Happens during the conference I would like to:

- a. Not have my Birthday Recognized or Acknowledged
- b. Have my Birthday Acknowledged
- c. Only have my Birthday Acknowledged in the following way:

*****If you would like a t-shirt it MUST be ordered by (date)!*****

*We are selling T-shirts for (price) a shirt, tax included. If you would like one or more T-shirts, please fill out the form below and **send it in by (Date)**! This is so that they arrive in time for the workshop. Money can be e-transferred, or given in cash by/on the first day of the workshop.*

Regular T-shirt (#): _____ Fitted T-shirt (#): _____

T-shirt Size:

S M L XL XXL 3XL

If you would like more than one size, please specify how many of each size you would like.