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Enrolment Form 2012

Normanhurst

Kellyville

Dundas

Name: _____

Address: _____

Telephone: _____

Email Address: _____

(*Please note all correspondence including invoices will be sent via email)

Date of Birth: _____ Age (as of Jan `12): _____

Parents Names: _____

Medical Conditions: _____

-----IN CASE OF EMERGENCY-----

Contact Name: _____

Telephone: _____

Please Tick Dance Style/s You Are Enrolling for:

*This is by teacher selection only. Any students selected and intending to do Jazz Syllabus or Competition Group must also attend 1 Classical Ballet class each week as well as the Syllabus class and/or regular Jazz Class.

Jazz

Jazz Syllabus*

Tap

Hip Hop

Classical Ballet

Acrobatics (1.5hr classes)

Competition Group*

We the undersigned, certify the applicant is in good health and may participate in activities at Dancing with Maree. In case of emergency requiring medical treatment, the undersigned hereby authorises the dance school to have the student taken to a medical or hospital facility for treatment. The undersigned is responsible for their child's behaviour and safety on the premises. Parent/Guardian is also responsible for purchasing proper footwear and dancewear necessary for safety and success in class. Parent/Guardian is again responsible for on time payment of fees. The dance school is not responsible for students being collected late. I grant DWM permission to use my child's name, photograph or film for any publicity purpose.

I have read and understood the above policies.

Signature: _____
(Parent/Guardian)

Date: _____