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CHERRYBROOK NSW 2126

Enrolment Form 2019

Normanhurst

Kellyville

Cherrybrook

Name: _____

Address: _____

Telephone: _____

Email Address: _____

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

Date of Birth: _____ Age (as of Jan `19): _____

Parents Names: _____

Medical Conditions: _____

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

Contact Name: _____

Telephone: _____

Please Tick Dance Style/s You Are Enrolling for:

Any students selected and intending to do Jazz Intensive or Performance Team must also attend 1 classical ballet class each week as well as the intensive class and regular jazz class. If you are intending on sitting a classical exam, 2 classical ballet classes per week is required.

Classical Ballet		Contemporary (<i>Cherrybrook & Kellyville only</i>)	
Classical Ballet Exams		Hip Hop (<i>Cherrybrook & Kellyville only</i>)	
Jazz		Acrobatics	
Jazz Intensive/Exams (<i>Invitation Only</i>)		Mini Kidz Acro (<i>Cherrybrook; 2-5yrs</i>)	
Tap		Little Dancers (<i>Cherrybrook & Kellyville; 2-5yrs</i>)	
Performance Team (<i>Invitation Only</i>)			

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. Dancing with Maree is not responsible for any injuries or accidents that occur before, during or after classes.

I have read and understood the above policies.

Signature: _____
(Parent/Guardian)

Date: _____