



## **ENROLMENT FORM**

Parent's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Second Email: \_\_\_\_\_

**Invoices will be sent to the above email/s.**

**Parents must ensure that contact numbers and addresses are kept up to date.**

Please enrol (Full name) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Students Mobile: \_\_\_\_\_

Please specify class and time if known

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Tiny Tots _____ | <input type="checkbox"/> Tap _____          | <input type="checkbox"/> Boys Hip Hop _____ |
| <input type="checkbox"/> Jazz _____      | <input type="checkbox"/> Contemporary _____ | <input type="checkbox"/> Aerial Silk _____  |
| <input type="checkbox"/> Ballet _____    | <input type="checkbox"/> Cheerleading _____ |   |

Please list any previous experience \_\_\_\_\_

How did you hear about DanceXtreme?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Previously Enrolled | <input type="checkbox"/> Website               | <input type="checkbox"/> What's on in our backyard Magazine |
| <input type="checkbox"/> Recommendation      | <input type="checkbox"/> Facebook/Social Media |   |
| <input type="checkbox"/> Sign on Studio      |  |   |

**P.T.O →**

*Office Use Only*

*Date of Enrolment:* \_\_\_\_\_

<i>Card entered</i>	<i>Billed</i>	<i>Enrolment fee paid</i>	<i>Other fees paid</i>
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## **Child Safety**

Parents/Guardians are responsible for their child's behaviour and their safety whilst attending lessons at the DanceXtreme Dance Studio.

I/my child is in good health and may participate in activities at DanceXtreme.

**Please list any medical conditions** the staff at DanceXtreme should be aware of eg; Asthma, anaphylactic, epilepsy. \_\_\_\_\_

In case of an emergency and DanceXtreme is unable to make contact with anyone listed below, I authorise DanceXtreme to seek the right attention and treatment if necessary on my behalf.

Emergency Contact

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Authorised Person: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Terms & Conditions**

I agree to:

- Pay for all dance lessons whether attended or not and have each term account paid in full within 30days. Failure to pay account will result in your child/children being sat out of class.
- Pay in advance for exam, performance fees and also costumes where consent has been given for myself/my child to participate.
- Respect copyright of DanceXtreme.

## **Permission for Photography and Media**

When enrolled at Dancextreme photos of your child may be used for the following:

- For display in the waiting area of the Studio
- For display in the local newspaper and media releases (separate permission will be sought)
- For use in promotional materials
- For use on DanceXtreme's Facebook page (no names will be published)
- For use on DanceXtreme's website (no names will be published)

**I understand that it is my responsibility to notify, in writing, if I do not want my child's photo to appear in any of the above uses.**

I, \_\_\_\_\_ (print name), have read and understand the conditions set out above.

**Signature:** \_\_\_\_\_ **Parent/Guardian/Student**

**Date:** \_\_\_\_\_