



2026 ENROLMENT FORM

Parent's Full Name: _____

Address: _____ Post Code _____

Home Phone: _____ Mobile: _____

Email: _____

Second Email: _____

Invoices & Newsletters 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"/> Contemporary _____ | <input type="checkbox"/> Adult Tap _____ |
| <input type="checkbox"/> Jazz _____ | <input type="checkbox"/> Cheerleading _____ | <input type="checkbox"/> Aerial Silk _____ |
| <input type="checkbox"/> Ballet _____ | <input type="checkbox"/> Boys Hip Hop _____ | <input type="checkbox"/> Private _____ |
| <input type="checkbox"/> Tap _____ | <input type="checkbox"/> Girls Hip Hop _____ | |

Please list any previous experience _____

How did you hear about DanceXtreme?

- | | |
|--|---|
| <input type="checkbox"/> Previously Enrolled | <input type="checkbox"/> Sign on Studio |
| <input type="checkbox"/> Recommendation | <input type="checkbox"/> Website |
| <input type="checkbox"/> Social Media | |

P.T.O

Office Use Only

Date of Enrolment: _____

	Card entered		Billed		Enrolment fee paid		Other fees paid
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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 30 days of invoice date.
- 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: _____