

ENROLMENT FORM

DANCERS DETAILS:

DANCER 1: First Name: _____ Surname: _____

Date of Birth: _____

DANCER 2: First Name: _____ Surname: _____

Date of Birth: _____

DANCER 3: First Name: _____ Surname: _____

Date of Birth: _____

PARENT/ GUARDIAN DETAILS:

PRIMARY CONTACT: (all information via email and SMS sent to this contact)

First Name: _____ Surname: _____

Mobile Number: _____ Home Number: _____

Email: _____

Address: _____

SECONDARY CONTACT:

First Name: _____ Surname: _____

Mobile Number: _____ Home Number: _____

Email: _____

INFORMATION AND GENERAL TERMS AND CONDITIONS FOR DANCEWORKS 114

1. In the event of non payment of your fees, your membership will be terminated and your child's place given away. Please see the Director to discuss options if you are having financial difficulties.
2. In the event of any injury or illness to my child, I authorise the supervisors to apply or arrange first aid. I will pay all medical expenses incurred on behalf of my child.
3. I agree to release Danceworks 114 from any liability to my child or myself in relation to any injury or illness that my child may suffer, and for loss or damage to property, in connection with the activities, except to the extent that the liability arises as a result of the negligence of Danceworks114.
4. I understand that once fees have been paid they cannot be refunded.
5. I understand that Danceworks 114 is not a childcare service and is not responsible once the child has left/ finished their classes and/or the premises.
6. I understand that the teachers may wish to record images of the class, including images of children participating in activities. These images may be used in publications, events, promotional broadcasts, and websites in any form of media. This will also allow parents to have a visual image of their children's progress. Do you grant permission for images to be taken of your child and used for the above purposes.

Yes:

No:

*I acknowledge that I have read, understood and agree to all the following terms and conditions.

Signature: _____ Date: _____