



# Enrolment Form 2012

Student's Surname: ..... First Name:.....

Date of Birth: .....

Address: .....

Suburb: ..... Post Code: .....

Home Phone: .....

Email: (for accounts and notes).....

Parent/s Name: ..... Contact Numbers: .....

Parent/s Name: ..... Contact Numbers: .....

### Emergency Contact – (other than parents)

Contact: ..... Phone: .....

Doctor: ..... Phone: .....

In the case of emergency, do you authorise Dance City to contact the relevant authorities/s if we are unable to contact you? YES / NO

Are there any pre-existing medical conditions that the management of Dance City should be aware of? YES / NO

If yes, please specify:

.....  
.....

### Classes you wish to enrol in

Class: ..... Day: ..... Time: .....

Class: ..... Day: ..... Time: .....

Class: ..... Day: ..... Time: .....

Class: ..... Day: ..... Time: .....

Class: ..... Day: ..... Time: .....

Class: ..... Day: ..... Time: .....

Class: ..... Day: ..... Time: .....

**PTO →**

**I wish to enrol my son/daughter/self in the above classes at Dance City. I am fully aware that classes are well supervised and my child/self participates at their/my own risk and therefore no responsibility will be placed upon the instructors or Dance City (It is recommended that families have Private Health insurance to cover dancers should they be prone to injury as dance can be a strenuous exercise that may not suit all body structures).**

**I understand that Dance City strives to provide a safe environment in which to undertake its scheduled activities. Dance City takes no responsibility for any students outside of their classes. Dance City and its staff will not accept any responsibility for accident or personal injury due to personal negligence.**

**I understand that all medical and/or ambulance costs will be my responsibility.**

**I understand that personal belongings are the sole responsibility of their owners and Dance City takes no responsibility for damage or loss thereof.**

**I understand that photographs may be taken during classes and concert performances and that these are the property of Dance City. These photographs can be used for promotion purposes.**

**I have read and understand the Dance City Information Booklet and I agree to abide by the terms and conditions outlined therein.**

**I understand that fees must be paid in advance at all times that if fees are not paid by their due date, enrolment in classes cannot be guaranteed.**

**Signed by Parent/Guardian applicant: ..... Date: .....**