

ENROLMENT FORM

Name: _____

Address: _____

Suburb: _____ Postcode: _____

Phone (home) _____ (work) _____

(mobile) _____

Email: _____

Date of Birth: _____

Previous Dance Experience: _____

Class/es Enrol: _____

Does student suffer any medical condition? Yes / No (Please specify)

If yes please specify: _____

I enclose _____ (Cash / Cheque)

Cheques payable to Atkinson's Dance Academy Pty Ltd. Please mark envelopes clearly. Payments should be placed in clearly marked envelopes and given to the child's teacher or posted to Lynda Atkinson at address above, within 7 days of commencing classes. Prompt payments please, as staff do not wish to ask for fees. If student studies with Lynda, please hand payment direct to Principal.

In the event of a medical emergency where parent cannot be contacted, I authorize Atkinson's Dance Academy to seek medical advice for my child at a hospital. All classes taken at your own risk.

DISCLAIMER

Atkinson's Dance Pty Ltd accepts no responsibility for injury or loss caused during classes, performances, or whilst participants or guests/audience viewers are at or near the dance studios or any event venues used by Atkinson's Dance Pty Ltd.

I give permission for photos and DVD's to be taken and recorded at various times within the academy and at performances. They will be used on the website and for promotional purposes.

ALL CLASSES TAKEN AT YOUR OWN RISK.

SIGNATURE: _____ DATE: _____

Tick if you require your child to be meet at school gate L.E.P.S. Wednesday and walked down to hall with staff

Tick if you require your child to be signed in / out of afterschool care T.N.P.S. Thursday for ballet / Jazz / Contemporary classes

Parents list: Lynda Atkinson, Kate Conn, Alex Ross to sign students out / in at T.N.P.S. afterschool care)