

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

**GUARDIAN INFORMATION – PRIMARY CONTACT:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone (Mobile): \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

**GUARDIAN INFORMATION – SECONDARY CONTACT:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone (Mobile): \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Does the student have any medical conditions/allergies/learning difficulties? YES / NO

If yes, please explain: \_\_\_\_\_

I Wish to Enrol in the Following: (Please Tick)

Ballet 1		Ballet 2		Pointe	
Lyrical		Jazz		Jazz Exam	
Acrobatics		Stretch		Tap	
Hip Hop		Tiny Tots 1		Tiny Tots 2	

I would like to be considered for Competition Team: (Please CIRCLE) YES / NO

Please sign to indicate you have read the Enrolment Package: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Office Use Only

Date of First Class: \_\_\_\_\_ Enrolment Fee Paid: \_\_\_\_\_

## PHOTO RELEASE FORM

I hereby grant permission for Revolution Dance Company to use photographs and/or videos of my child for promotional purposes within Revolution Dance Company social media. This includes but not limited to; Website, Instagram, Facebook and other marketing platforms. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use.

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## SAFTEY & INJURY RELEASE FORM

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury. I agree to release and hold harmless Revolution Dance Company, including its teachers, dancers, staff members, and facilities from any cause of action, claims, or demands now and in the future. I will not hold Revolution Dance Company liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I understand that I should be aware of my, and/or my child's physical limitations and agree not to exceed them.

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Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Mobile: \_\_\_\_\_ Date: \_\_\_\_\_

Please include the \$20 enrolment fee and return to studio.