

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	<input type="checkbox"/>	Pointe	<input type="checkbox"/>	Hip Hop	<input type="checkbox"/>
Commercial Jazz	<input type="checkbox"/>	Jazz	<input type="checkbox"/>	Tap	<input type="checkbox"/>
Acrobatics	<input type="checkbox"/>	Contemporary	<input type="checkbox"/>	Tiny Tots	<input type="checkbox"/>

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.

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.

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Mobile: _____ Date: _____

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