

D 4 DANCE PTY LTD

ENROLEMENT FORM

FIRST NAME: _____

SURNAME: _____

AGE: _____ D.O.B _____

PARENTS NAME: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

Any Medical Conditions: _____

Please indicate classes you will attend

Kinda Kids

Classical Ballet

Jazz

Contemporary

Jazz/Tap

Tap

Adult Jazz

It is understood and agreed that all students dance at their own risk and no liability under any circumstances shall be undertaken by the proprietors for injury or loss of personal effects or clothing.

As D4Dance pty ltd has a duty of care as we practice safe dance techniques, the principle reserves that right to withdraw students from class.

Authorisation granted for students to be photographed to be used for D4Dance pty ltd advertising.

Parents Signature: _____