

CLARRISSA HILL DANCE CENTRE

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ENROLMENT FORM

CHILD'S FIRST NAME:

CHILD'S SURNAME:

CLASS, GRADE & TIME:

CLASS, GRADE & TIME:

AGE & BIRTH DATE:

PARENT'S/ GUARDIAN'S NAME:

HOME PHONE NUMBER:

WORK/MOBILE PHONE:

EMAIL ADDRESS:

POSTAL ADDRESS

ALLERGIES / MEDICAL CONDITIONS:

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COMMENTS:

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INDEMNITY

I HEREBY GIVE PERMISSION FOR MY CHILD OR MYSELF (IF 18 YEARS OR OVER) TO PARTICIPATE IN DANCE CLASSES. I FULLY UNDERSTAND THAT THIS IS AT MY CHILD'S/MY OWN RISK, AND THAT ALL CARE WILL BE TAKEN WITH STUDENT'S BUT NO RESPONSIBILITY WILL BE TAKEN BY THE SCHOOL OR WITH THOSE INVOLVED WITH THE SCHOOL. IN THE EVENT OF A MEDICAL EMERGENCY AND WHERE A PARENT CANNOT BE CONTACTED, I AUTHORISE THE DANCE SCHOOL TO SEEK MEDICAL ADVICE/ATTENTION FOR MY CHILD/MYSELF AT A HOSPITAL OR MEDICAL CENTRE.

I have read and understood the rules and above indemnity and agree to them.

(Parent's or Guardian's Signature)

(Date)