



ENROLMENT FORM 2017

Student's Full Name: _____

Birthdate: ____/____/____

Parent/Guardian names (if under 18) / Contact Name & No in case of emergency (if over 18): _____

Address: _____

Email address: _____

Phone: _____ Mobile1: _____ Mobile 2: _____

Health or medical problems (including past injuries): _____

Doctor's Name: _____ Doctor's Phone: _____

Previous dancing experience (if any): _____

Types of music listened to: _____

What you would like to see you/your child get from dance class: _____

PLEASE READ THE FOLLOWING AND SIGN BELOW

By signing below, I hereby consent to the use or reproduction of photographs or videos of my child(ren) by S.H.A.K.E. for the purposes of advertising, media publicity, publication, web display, social media, (facebook, instagram, twitter) general display, or for any other purpose in whole or in part.

While every measure is taken to ensure the safety of students, participating in dance and acrobatic classes carries a risk of physical injury.

By signing below, I indemnify Nikki McIntyre and S.H.A.K.E. staff against any claim by me on behalf of the above named child in relation to any injury sustained to my child or any damage sustained to his/her property.

Should it be considered at any time that the child requires medical assistance or hospital treatment, I hereby direct and authorise S.H.A.K.E. to obtain this assistance if needed.

Parent/Guardian/Your signature: _____

Date: ____/____/____

*please ensure that you read student requirements.

NEW ENROLMENT [\$15 FEE]

To be paid @ 1st class

DATE PAID: ____ / ____ / ____

PAST STUDENT RE-REGISTERING

OFFICE USE ONLY	
R	___
C	___
M	___
D	___