



S.H.A.K.E. ENROLMENT FORM 2025

STUDENT AND PARENT INFORMATION

Student Name:

Date of birth:

Mobile Phone 1:

Mobile Phone 2:

Parent/Guardian names:

Current address:

Email address:

HEALTH INFORMATION

Health Issues:

Doctor's Name:

Doctor's Phone:

DANCE HISTORY

Previous Dance Experience:

What you/your child expect from Dance Class:

SIGNATURES

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, snapchat, X, tiktok) general display and for any other purpose in whole or part.

Invoices will be issued at the start of each term and will be paid within 2 weeks to obtain a discount.

I agree that enrolment cancellations must be made in writing (email/text/letter) 10 days prior to start of the next term else I will be liable for the following term fees.

I agree that my child & I will follow the uniform and behavior rules of S.H.A.K.E. Dance School.

While every measure is taken to ensure the safety of students, participating in dance and acrobatics class carries a risk of personal injury. By signing below, I indemnify Nicole McIntyre and S.H.A.K.E. against any claim by me on behalf of the abovenamed child in relation to any injury sustained to my child or any damage sustained to her/his property.

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

Parent/Guardian Signature:

Date:

New students will be issued with all relevant information for uniform, concerts and performances.

Please select if you would like invoices by email

YES/NO

PAYMENTS

TRIAL/ENROLMENT FEE \$25

Date paid:

Date Converted:

PAST STUDENT REREGISTERING

No payment required

Make payments in cash or transfer to SHAKE 484799 160436364

OFFICE USE ONLY

R(P)

R(C)

E(O)

E(M)

M

PH

D