

# Step Up and Dance

# 2018

## Enrolment Form C

Student Information (please complete clearly)

<b>Student Name</b>		<b>Date of Birth</b>	<b>Age</b>
<b>Mailing Address</b>	<b>Suburb</b>	<b>Post Code</b>	
<b>Parent(s) Name</b>	<b>Phone AH</b>	<b>Mobile</b>	
<b>Emergency Contact(s)</b>	<b>Phone AH</b>	<b>Mobile</b>	

**EMAIL ADDRESS**

CLASSES	PLEASE TICK	CLASSES	PLEASE TICK	CLASSES	PLEASE TICK
<b>ADULT</b>					
Ballet/Conditioning					
Adult Pilates					
Adult Tap					
Adult Jazz Fit					
Adult Aerial					
<b>Private lessons</b>					

I/We have read the Step Up and Dance Policy & Guidelines Statement/handbook and understand the contents of this Statement/hanbook. I/We the undersigned certify that I am in good health and may participate in the activities at Step Up and Dance. In case of an emergency requiring medical treatment the undersigned hereby authorises the Teachers of Step Up and Dance to have the student taken to a medical or hospital facility for treatment.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Does you have any medical condition(s) that we should be aware of? (please describe):

