



THE DANCE COMPANY

Enrolment Form 2018

Please complete all sections clearly and return to reception. A separate form is required for each student.

STUDENT DETAILS

Name: _____ School Year Level in 2018: _____

Address: _____ Suburb: _____

P/code: _____ Date of Birth: ____/____/____ Current Age: _____

Parent / Guardian 1: _____ Ph: _____ Mob: _____

Parent / Guardian 2: _____ Ph: _____ Mob: _____

Email Address: _____

Person Responsible for Fees: _____ Relationship to Student: _____

STUDENT MEDICAL INFORMATION

Medical Conditions / Allergies: _____ Trigger (if known): _____

[Medication (e.g. Ventolin) should be in students bag in case of emergency]

PREVIOUS EXPERIENCE

Any Previous Dance Schools _____

Any Previous Training _____

How did you hear about us _____

CONSENT TO MEDICAL ATTENTION

All students participate at their own risk. Whilst the utmost care is taken by teachers and instructors, no responsibility will be taken for injuries resulting from participation. By signing below I authorise the teacher in charge of class to consent, where impractical to communicate with me, to the child receiving such medical treatment as may be deemed necessary and I will be liable for any cost incurred

TERMS AND CONDITIONS

I acknowledge and give permission that: The above mentioned students performance in the concert, rehearsals or during the year practice may be photographed, filmed and/or otherwise recorded. I agree that images may be used for promotional material/ including being on the official website and social media for TDC. I also agree it is my responsibility to regularly update TDC in writing should any of my contact details change.

Please note there are **no refunds** for missed classes due to illness or holidays OR if you choose not to return during the term for any reason (long periods of absence by arrangement only). Overhead costs continue regardless of how many students attend classes, therefore there can be no refunds for classes not attended.

Fees **MUST** be paid by the 2nd class of each term. Failure to do so **will** result in suspension from classes, performances and concerts. Fees are non-transferable.

I the undersigned fully understand that I am solely responsible for paying the above students account. I understand that TDC does not split bills between parties. **For a full list of TDC's Terms and Conditions please ask a staff member to email or provide you with a copy.**

CLASSES

Please indicate which classes your child would like to enrol into:

DAY	CLASS TYPE	TIME

By signing this enrolment form I affirm that I have read and agree to abide by to the TDC 2018 terms and conditions.

Parent Name _____

Trial Date ____/____/____

Parent Signature _____

Enrolment Date ____/____/____

ADMIN USE ONLY
ENTERED <input type="checkbox"/>
INVOICED <input type="checkbox"/>