

SHEE'K DANCE STUDIO

ENROLLMENT FORM

REGISTRATION/INSURANCE FEE- \$20 (NEW STUDENTS)
RE-ENROLLMENT/INSURANCE FEE- \$10 (EXISTING STUDENTS)

PLEASE RETURN with registration fee

DANCERS DETAILS:

First Name (s): _____ AGE: _____ DOB: _____

Surname: _____

Primary/High School: _____

Gde/Year (as of January 2014): _____

PARENT/GUARDIAN DETAILS: PRIMARY CONTACT (all information via email sent to this contact)

First Name: _____ Surname: _____

Mobile: _____ Phone (H): _____ Relation: _____

Phone (W): _____ Email: _____

Address: _____

Post Code: _____

HOW DID YOU HEAR ABOUT SHEE'K DANCE STUDIO? Please ✓

Friends School Flyers Walking by Internet (Specify): _____

I WOULD LIKE TO ENROL IN THE FOLLOWING CLASSES FOR TERM _____;

DAY: _____ TIME: _____ AGE GROUP: _____ CLASS: _____

DAY: _____ TIME: _____ AGE GROUP: _____ CLASS: _____

DAY: _____ TIME: _____ AGE GROUP: _____ CLASS: _____

I am interested in the following classes;

Classical Ballet Contemporary/Lyrical Tap Break dancing Jazz Musical Theatre

I give Shee'k permission to photograph my child and the use of the photos for marketing purposes, including brochures, advertisements and news articles.

Signature: _____ Date: _____

I agree Shee'k Dance Studios or any employee will not be held liable for injuries sustained or illnesses contracted while on the school's premises. I have read understood all the terms and conditions of Shee'k Dance Studios.

Signature: _____ Date: _____

OFFICE USE ONLY

Received Cash Cheque Direct Deposit Amount: _____ Date: _____

Enrollment Fee

Shee'k Dance Studio

-Confidential Medical Report-

Student Name: _____ D.O.B: _____

Emergency Contact Name: _____

Phone (H): _____ Mobile: _____ Work: _____

Name and Address of Family Doctor: _____

_____ Phone: _____

Please tick if your son/daughter suffers any of the following;

Dizzy Spells: Epilepsy: Heart Condition: Asthma: Blackouts:

Migraines: Other (specify): _____

Allergies (specify): _____

What care is necessary? _____

Any other Medical Conditions that our teaching staff should be aware of: _____

Consent to Medical Attention:

In the event of an accident or illness and when it is not possible to communicate with me, I give permission for the teacher in charge to arrange whatever transport and/or medial attention he/she deems necessary for my child. I understand I will be responsible for any expenses incurred.

Signed: _____ Parent/Guardian Date: _____

I have read and understood the terms and conditions of Shee'k Dance Studio.

Signed: _____ Date: _____