



2015 Enrolment Form

The information requested on the form is essential for assisting us to plan for the support of your/your child's health needs and communication methods. It will be used by Vital Movement Studios only. If you do not provide all or any of this information, the school's capacity to support your/your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by filling in another enrolment form that can be printed off our website. It is your responsibility to ensure a new form is filled out should your contact or medical information change.

STUDENT INFORMATION: EMAIL ADDRESS.....

NAMEAGE ON 1ST JAN 2015

DATE OF BIRTH STUDENT MOBILE NUMBER

ADDRESS P/C

PARENT/CARER 1

MR/MRS/MISS NAME..... RELATIONSHIP.....

POSTAL ADDRESS.....

HOME PH..... MOBILE.....

EMAIL.....

PARENT/CARER 2

MR/MRS/MISS NAME..... RELATIONSHIP.....

POSTAL ADDRESS.....

HOME PH..... MOBILE.....

EMAIL.....

EMERGENCY CONTACT 1

(IF PARENT/CARERS ARE UNAVAILABLE)

MR/MRS/MISS NAME..... RELATIONSHIP.....

HOME PH..... MOBILE.....

EMAIL.....

EMERGENCY CONTACT 2

MR/MRS/MISS NAME..... RELATIONSHIP.....

HOME PH..... MOBILE.....

EMAIL.....

PLEASE CIRCLE THE FOLLOWING TROUPE CLASSES YOU/YOUR CHILD ARE ENROLLING IN:

JAZZ	Level _____	Day _____
TAP	Level _____	Day _____
BALLET	Level _____	Day _____
CONTEMPORARY	Level _____	Day _____
HIP HOP	Level _____	Day _____
POINTE	Day _____	
CONDITIONING		
STRETCHING		
TECHNIQUE		

PLEASE CIRCLE IF YOU/YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING:

DIABETES	VISION IMPAIRMENT	DYSLEXIA/LEARNING DIFFICULTIES
EPILEPSY	MIGRAINE/DIZZINESS	ANY ONGOING ILLNESSES/INJURIES
ALLERGIES	HEARING IMPAIRMENT	ASTHMA/OTHER RESPIRATORY PROBLEMS
RECENT SURGERIES	MUSCULAR/JOINT PROBLEMS	

If you circled any of the above please give details (I.e. severity of condition, frequency of medication)

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I understand that some physical contact may be necessary by a staff member to demonstrate exercises or technique during classes. I accept that Vital Movement Studios trained staff will administer first aid and/or call emergency services in the case of any accident or injury during class, and that I will be sent any subsequent medical bills. I understand that dance classes can involve risk of personal injury. While Vital Movement Studios takes all reasonable care in the conduct of its classes, it accepts no responsibility for injuries sustained during dance classes.

PUBLICITY CONSENT – I give permission for photos and videos of myself/my child to be used for advertising by Vital Movement Studios only. This includes studio newsletters, website, internet and print advertisements **YES/NO**

CORRESPONDENCE - I am happy to receive invoices and newsletters via email **YES/NO**

HOW DID YOU FIND US? WORD OF MOUTH INTERNET FLYER SIGNANGE OTHER.....

I, (person responsible for the account).....

(FULL NAME)

Admit to the information given as being true and correct and take full responsibility for any incident arising where information has been with-held.

I understand that I am required to pay my account for all tuition undertaken at Vital Movement Studios.

Signature..... Date.....