

ALL PAPERWORK MUST BE COMPLETED BEFORE ANY PARTICIPATION.

DATE OF ENROLMENT:				
STUDENTS FULL NAME:				
DATE OF BIRTH:				
AGE AS OF ENROLMENT DATE:				
HOME ADDRESS:				
LIST ANY SPECIAL NEEDS, MEDICAL CONDITIONS, OR ALLERGIES:				
IMPORTANT INFORMATION-				
Our two main methods of communication are via email and on the Private Facebook group 'Your Talent Team Updates' we strongly encourage joining this Facebook group!				
PARENT/GUARDIAN NAME:				
EMAIL ADDRESS:				
BEST CONTACT NUMBER:				
	Name	Contact Number	Relationship	
EMERGENCY CONTACT 1				
EMERGENCY CONTACT 2				



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PLEASE LIST ALL CLASSES YOU WILL BE ATTENDING

DAY and TIME	CLASS	TEACHER

ARE YOU A BEGINNER?	? Y/N	
OR PLEASE LIST ANY PI	REVIOUS DANCE EXPERIENCE YOU H	IAVE.

YEAR	DANCE SCHOOL	GENRES AND EXAM INFO

PLEASE TICK- I WANT TO ATTEND DANCE CLASSES
FOR FUN, FITNESS & FRIENDSHIPS
FOR TRAINING AND EXAMS
FOR COMPETITIONS
FOR PERFORMANCE OPPORTUNITIES



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CONSENTS

In the event of an injury occurring I give permission for an ambulance to be called for my child/myself and I agree to cover the associated costs.

Name	
(Please Print)	
Signature	
I give permission for	my/my child's photograph to be used for promotional purposes on
	vertising and for the purpose of sharing group concert photos within ou
dance school.	
Name	
(Please Print)	
Signature	
<u> </u>	
understood the fee str could be charged to en time. I understand tha Talent Team is not liab	child/myself to attend classes and receive tuition at Your Talent Team. I have read an acture and agree to pay the set amount of fees by the due date. I understand that quire about my fees account balance and a late payment fee of \$25 for fees not paid of the activities undertaken in the programs are both physical and strenuous and You e for injury sustained outside the safe practice and direction of our instructors. I agree anisation's code of conduct, child safety, and good sportsmanship expectations within
NAME	
(Please Print)	
SIGNATURE	
DATE	

YOUR TEAM RISING STARS

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