



ENROLMENT FORM

Name

Date of birth

Address

Contact number

Mobile

Email

Previous dance experience (if any)

Signed by parent/guardian*

Medical Conditions: Please inform me of any other information that may be important such as allergies, diabetes, asthma, hearing or sight problems that may affect how I need to adapt exercises.

*During the year there may be times when pupils will be filmed or have their picture taken for shows or promotional purposes. Your signature indicates your acknowledgement and permission and also acceptance of our Terms and Conditions.