



## ENROLMENT DETAILS 2019

Student name:	
Sex: M / F	
Date of Birth:	
Address:	
Parent / guardian name:	Phone:
Email address:	
I would like to enrol my child in (please tick):	
<ul style="list-style-type: none"><li>• Hip Hop</li><li>• Contemporary</li><li>• Jazz</li><li>• Sport Aerobics &amp; Fitness</li><li>• Performance / Competition Team</li><li>• Private tuition (Please specify genre / purpose for private lessons)</li></ul> <p>_____</p> <p>_____</p>	
<i><b>please refer to class descriptions</b></i>	
What would you like your child to achieve this year?	
Payment option (please tick):	
<ul style="list-style-type: none"><li>• Casual (per 1 lesson)</li><li>• Term (per number of lessons in the term)</li></ul>	
Please list any medical conditions that we should be aware of (this also includes significant past injuries):	
Is medication required? If yes, please list	
Name of Doctor and contact details:	
Conditions:	
<ul style="list-style-type: none"><li>• I understand that it is a condition that full payment be made <u>prior</u> to the commencement of the lesson, otherwise the student will not be able to participate in the class.</li><li>• In the instance that a student is absent, a refund will <u>not</u> be made, however if sufficient notice is given, the missed lesson will be taken off the next bill.</li></ul>	
Signature: _____	
* If under 18 years, a parent / guardian must sign.	



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## IMAGE CONSENT AND RELEASE FORM – PHOTOGRAPHY AND VIDEO

I, the undersigned, consent to my child's image being taken and used and reproduced in any format.

I understand that the images may be used for the purposes of display, publicity and in promotional materials for DanceFX Entertainment.

I understand that any intellectual property, including copyright and image rights, which arises in the visual images belongs to DanceFX Entertainment.

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent /Guardian: \_\_\_\_\_

Parent / Guardian name: \_\_\_\_\_

Contact telephone: \_\_\_\_\_

Email: \_\_\_\_\_