



2016 Enrolment Form

Dancer's Name

Parent's Name (if under 18 years)

Address

Email

Contact Number

DANCER'S DETAILS

Date of Birth

School Year (e.g. Year Five)

Dance Style/Styles interested in (tick all that apply):

Ballet

Jazz

Tap

Hip Hop

Contemporary

Exams

Competitions - Group

Competitions - Solo

Performance

Dancer's experience (if any)

How did you hear about us? (Facebook, flyers, newspaper, word of mouth)

Liability release:

By ticking the box below, I recognise and understand the risks of physical injury inherent to dance and dance training, and I fully assume those risks (on behalf of my child if under 18). I hereby release MasterClass Dance Studios and their teachers from all liability for injuries sustained while attending dance training/performances.

Photo release:

Please tick the box below if you give MasterClass Dance Studios permission to post dance photos of your child on social media/website for the purposes of advertising the studio.

Signed:
