



Parent First & Last Name

Address City/Postcode

Email Address

Phone Home

Phone Mobile

Phone Work/Business

Name of Student

Birthdate

School

Allergies

Medications

Special Needs

Please Mark choice of class or classes:

Wollongong	
<input type="checkbox"/> Monday @ 9:30am Level 1 (2 & 3 years)	<input type="checkbox"/> Friday @ 9:30am Level 1 (2 & 3 years)
<input type="checkbox"/> Monday @ 10.30am Ready Set Dance Ballet	<input type="checkbox"/> Friday @ 10.30am Ready Set Dance Ballet
<input type="checkbox"/> Monday @ 11:00am Level 2 (4 & 5 years)	<input type="checkbox"/> Friday @ 11:00am Level 2 (4 & 5 years)
<input type="checkbox"/> Tuesday @ 9:30am Level 1 (2 & 3 years)	<input type="checkbox"/> Saturday @ 9:30am Level 1 (2 & 3 years)
<input type="checkbox"/> Tuesday @ 10.30am Ready Set Dance Ballet	<input type="checkbox"/> Saturday @ 10.30am Ready Set Dance Ballet
<input type="checkbox"/> Tuesday @ 11:00am Level 2 (4 & 5 years)	<input type="checkbox"/> Saturday @ 11:00am Level 2 (4 & 5 years)
<input type="checkbox"/> Thursday @ 9:30am Level 1 (2 & 3 years)	
<input type="checkbox"/> Thursday @ 10.30am Ready Set Dance Ballet	
<input type="checkbox"/> Thursday @ 11:00am Level 2 (4 & 5 years)	

Photography Release

I understand that Kazzajazz may take photos of my child at the studio, or at any other dance pre-school events & video footage in class or at end of year Shows. I, as the parent or guardian will allow these photos or footage to be made public for advertising purposes.

** I have read & agree to the Advertising terms & conditions.

Release of Liability

I understand that Kazzajazz Modern Dance Studio accepts no responsibility for injury or loss caused during classes or whilst students are at or near the dance studio including common area (i.e. driveways) You are responsible for ensuring that your child is physically and medically fit for the class.

** I have read Release of Liability and agree to the terms.

Medical Emergencies

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment & will hold Kazzajazz or representatives harmless in the execution of such. I also agree to provide all medical expenses which may be incurred as a result of any injury sustained while participating at Kazzajazz Modern Dance Studio.

** I have read the Medical emergencies & agree to the terms.

Please initial that you have read the above.

Parents Signature: Date:

Office Admin Only

Annual Licence/Admin Fees \$50p.a. \$65 2 or more children

Date Paid