



REGISTRATION FORM

Date of Enrolment:

Name Of Applicant:

Address:

Postcode:

Parent/s or Guardian: Mobile:

Telephone: Email:

Applicants Gender: Female / Male Date of Birth Age:

Previous Dance experience (If Any):

.....

Enrolling For:

DAY	CLASS TYPE	TIME

How did you find out about us?

.....

.....

I have read and understood the conditions of enrolment and filled out the emergency contact information/permission for publicity (on the back of this form) and give permission for my child to take part at Maynard Academy of Dance

Signature of Parent/ Guardian Date:

2/2 Powells Rd, Brookvale
Monday - Saturday Classes

Tel 0423146080

charlymaynard@me.com

Conditions Of Enrolment:

1. Maynard Academy of Dance is divided into four terms
2. Fees are charged each term and are payable in advance for the full term
3. Fees are due and payable within 14 days of the date of the invoice
4. Maynard Academy of Dance reserves the right to refuse admission to any students whose fees remain unpaid
5. Maynard Academy of Dance has a no refund policy for missed classes
6. Dancing is a strenuous activity from which injuries could arise. Maynard Academy of Dance and the instructors are NOT LIABLE for personal injuries, loss of or damage to personal property
7. Please note dance is a physical activity which may require a degree of physical contact between teacher and student for either demonstration or correction
8. Please inform instructors of any physical limitations you may have. If you are in doubt as to your physical limitations please consult your physician before participating

Emergency Contact + Health Information:

Person to contact:

Contact number:

Health Issue:

Allergies:

Treatment:

Consent to use photographs:

During the year your child may be photographed during class or at concerts, performances, competition or eisteddfods. These photographs may be used for promotional purposes in either printed form or online. You must let us no in writing if you object to your child's photograph being used.

Childs name: Parent/ Guardian Name:

Signature: Permit: Yes/ No