

Ann Roberts School Of Dance Pty Ltd

STUDENT DETAILS		Male		Female
Surname : _____ Given Names : _____				
Date Of Birth : ___/___/___ Enrolment Date : ___/___/___				
Address _____				
Suburb/ Town : _____ Post Code : _____				
Telephone :(Home): _____ (Mob): _____				
Father: (Home) : _____ (Mob): _____				
Mother'sName: _____ Father'sName: _____				
Email: _____				

CHOSEN DISCIPLINES		
DISCIPLINE	LEVEL	VENUE

STUDENT'S MEDICAL INFORMATION

Please provide details and relevant information regarding any on-going medical or physical condition of the Student that may affect the Student's participation in the proposed dance program.

CONSENT TO ELECTRONICALLY RECORD STUDENT

The School has a "no electronic recording" policy of the Students when engaged in the tuition.

The exception to this general rule are :

- (a) An authorized instructor or employee of the School is permitted to take electronic recording material.
- (b) During "Display Days" or "Costume Showing" performances.
- (c) During "Dancing Out" performances.

If you DO NOT agree with any of the above, please rule out and initial the relevant paragraph.
A copy of the School's policy regarding archive of electronic material is available on demand.

CONSENT TO PHYSICAL CONTACT

During tuition an instructor or teacher from the School may make physical contact with the Student, in the following circumstances :

- (a) In order to provide instruction to the Student when demonstrating exercises or techniques.
- (b) Where in the reasonable opinion of the School, a Student requires any treatment for any body injury e.g. bandage or ice pack.

ACKNOWLEDGEMENT THAT STUDENT IS UNSUPERVISED OUTSIDE OF TUITION

The Student is only supervised by the staff of the school during tuition. Appropriate drop-off and collection time must be arranged by the guardian/parent before and after tuition.

A copy of the School rules and regulations is available on demand.
If you do not understand any of the sections above, please ask any member of the staff before signing this enrolment form.

I acknowledge that I am liable for all costs incurred against my child/children. This may include additional fees if my child participates in exams, eisteddfod, recital or other events.

Printed name of parent/guardian

Signature

Date
