



# 2020 COASTAL DANCE ENROLMENT FORM

Date: \_\_\_\_ / \_\_\_\_ / 2020

STUDENTS NAME: \_\_\_\_\_

DOB/AGE: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

| CLASSES | Please fill in which class/es your child will be enrolling in: |  |                           |
|---------|--|--|---------------------------|
|         | Petit Pointers   |  | Acrobatics                |
|         | Classical Ballet   |  | Musical Theatre           |
|         | Pointe   |  | Commercial Jazz / Hip Hop |
|         | Jazz   |  | Eisteddfod Jazz           |
|         | Tap  |  | Eisteddfod Tap            |
|         | Contemporary   |  | Private Lesson / Dance    |

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

- I understand that by enrolling my child at Coastal Dance I will pay an annual enrolment fee (covers administration and insurance costs) that will be added to my first invoice.
- **I am solely responsible for any fees outstanding regardless of family circumstances and will nominate one point of contact for payment. I understand a late fee of \$25 will incur if payment is not received within 4 weeks of term commencing.**
- If I leave before a term has completed, I hereby agree to pay all fees associated with that term. If payment has to be retrieved, I will also incur any extra fees associated with the retrieval process.

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

**WAIVER** I do hereby release Coastal Dance and all instructors or students in any capacity for any liability due to injuries, etc that the student listed above may obtain as a result of my attendance or participation in any and all dance classes at Coastal Dance, or any special event associated with Coastal Dance and their classes. I clearly understand that participation in Coastal Dance classes involves bodily exercise and movement with rigorous physical activity. I hereby certify that the student listed is mentally and physically fit to participate in the classes for which I have registered them and that I have the medical coverage or personal means to cover the expenses related to any injury that they might receive as a result of their participation.

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

The parent/guardian of the student listed acknowledges that their child is occasionally photographed and filmed whilst participating in class or any Coastal Dance related activities by Coastal Dance staff. Permission is given for the photographs/video to be used within the Coastal Dance brand, for numerous promotional and retail purposes. This includes, but is not limited to online and print promotions, catalogues, retail outlets and general marketing. The parent/guardian understands that these images will not be used for any purposes which are not Coastal Dance related.

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

XERO     LETTER     EXCEL     LETTER