

# Dance Fusion

## Studio of the Performing Arts

### 2019 Enrolment Form

**Student's Information**

**\*Strictly Confidential\***

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Student's Age on the 1/1/2019 \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you wish for information to be sent via email? Y / N

**Classes**

Classes enrolling in: \_\_\_\_\_

Do you wish to participate in the end of year concert? Y / N

Do you wish to participate in Dance Competitions (if applicable) Y / N

**Consent**

Do you consent to photographs of the students being used in advertising? Y / N

**Medical Information**

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Do you have ambulance cover? Y / N

In an emergency do you give Dance Fusion permission to call an ambulance? Y / N

Allergies, if any, including medication: \_\_\_\_\_

Please provide details of any medical conditions and action plans, so that we can best teach and look after your child.  
 \_\_\_\_\_

Medicines your child is taking now: \_\_\_\_\_

In an emergency, parents can be reached as follows \_\_\_\_\_

Alternative emergency contact number \_\_\_\_\_

I have read and accepted the conditions of the Dance Fusion 2019 Enrolment Contract

Date: \_\_\_\_\_

Signed : \_\_\_\_\_ Name: \_\_\_\_\_

Accepted Date: \_\_\_\_\_ Signed on behalf of Dance Fusion: \_\_\_\_\_