



Rosatutu Studios

The Rosalind Dorman Dance Centre

ABN 15 837 915 123

Tel. 47 543 515

Enrolment Form

NAME.....

AGE.....(as at 1 January)

DATE of BIRTH.....

EMERGENCY CONTACT phone / email

(H).....

(W).....

(Mob).....

(email).....

ACCOUNT TO

Mr / Mrs/ Ms.....
(Initials) (Surname)

Address.....
.....
..... Post code.....

ENROLLING IN (please circle one or more)

Classical ballet Contemporary dance Jazz ballet
.....(Level) (Level) (Level)

Please read carefully:-

I, the undersigned parent/guardian of the above named child agree that any activities in which he/she participates is entirely at his/her own risk. In the event of an accident or illness, I authorise the obtaining on my behalf such medical assistance as the child may require.

I am aware that Term fees are due and payable at the beginning of each Term and that five (5) weeks notice is required if students wish to withdraw from their enrolment for any classes or the full term fees are payable. 24 hours notice is required for the cancellation of any private lesson. Missed classes are not refundable.

***SIGNED**.....
(Parent or Guardian)

DATE.....

(Please print name).....

Authority to release. I give permission to Rosatutu Studios to display, print, copy and publish in Rosatutu Studios' brochures, posters, flyers, website, video and in newspapers and other promotional material, photos or DVD or video footage of my child taken during dancing activities and performances.

***SIGNED**.....
(Parent or Guardian)

DATE.....