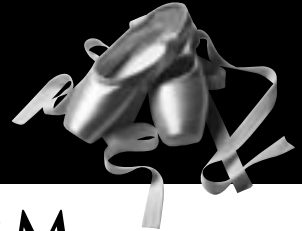


BUNGENDORE SCHOOL OF BALLET



2010 ENROLMENT FORM

Please ensure that this form is completed and returned before you, or your child, begin classes.

STUDENT DETAILS

Student 1 Name: _____ Date of birth: ___ / ___ / ___
Age at time of application: _____ Classes: Ballet Contemporary Stretch
Previous dance experience: _____

Student 2 Name: _____ Date of birth: ___ / ___ / ___
Age at time of application: _____ Classes: Ballet Contemporary Stretch
Previous dance experience: _____

Student 3 Name: _____ Date of birth: ___ / ___ / ___
Age at time of application: _____ Classes: Ballet Contemporary Stretch
Previous dance experience: _____

CONTACT DETAILS

Parent/Guardian Name (N/A if over 18): _____
Address: _____ Postcode: _____
Contact Numbers, Home: (___) _____ Mobile: _____
Email: _____

EMERGENCY CONTACT

Person 1 Name: _____
Contact Numbers: (___) _____ Mobile: _____

Person 2 Name: _____
Contact Numbers: (___) _____ Mobile: _____

INJURY/ILLNESS

Please specify known injuries or illnesses:*

**Please note that it is at the risk of the parent/guardian that students participate in dance classes with a known injury or illness. If students are seen to be unfit to participate, parents/guardians will be called to come and collect the student ASAP. No medications can, or will be, administered by staff. In the event of an emergency professional medical help will be sought.*

VIDEO & PHOTOGRAPHY PERMISSION

(mandatory for enrolment)

I _____ parent / guardian of _____ give permission for my child/children to be filmed and/or photographed for their concert performance.

SIGNATURE

Parent/Guardian or Applicant (if over 18 yrs) _____ Date _____

Enquiries Tel: 0414 362 022 Email: info@bsballet.com.au Website: www.bsballet.com.au