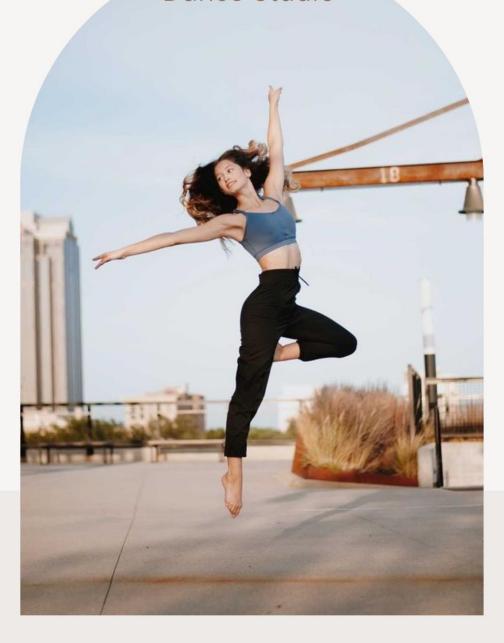
## PIVOT

**Dance Studio** 



## **ENROLMENT**

## **DANCERS DETAILS**

NAME:	
SURNAME:	
DATE OF BIRTH:	
PREVIOUS DANCE EXPERIENC	E: YES NO
If yes: Dance Grade	
Studio Name	
PARENTS DETAILS	
PARENTS NAME:	
PARENTS CONTACT NO:	
ALTERNATIVE NO:	RELATIONSHIP TO CHILD:
PARENT EMAIL:	
ADDRESS:	
IDENTITY NUMBER:	
DATE OF ENROLLMENT:	
MEDICAL AID DETAILS:	
MEDICAL AID:	
MEDICAL AID NUMBER:	
PLAN:	
MAIN MEMBER:	
DR:	
ALLERGIES:	

In case of emergency, parents will be contacted immediately so that a suitable course of action can be arranged.