

AUZ DANCE

COLLABORATIVE

195 Cessnock Road Abermain 0493 645 111

INSPIRE CREATE UNITE

auzdancecollaborative@gmail.com

2026 ENROLMENT FORM

PERSONAL DETAILS:

Student's Name: _____

Address: _____

Phone:

Mobile: _____

Home: _____

Email: _____

D.O.B: _____

Parent/Guardian: _____

ENROLLING FOR TUITION IN THE FOLLOWING:

Tap: Yoga

Jazz: ACRO

Hip Hop: Line Dancing

Ballet: Private Tuition:

Lyrical/Contemporary: Exams:

Tiny Tots

MEDICAL CONDITIONS:

Does the enrolling student have any medical conditions/allergies/additional needs? If so, please advise

EMERGENCY CONTACT:

An immediate family member will be contacted in the event of an emergency. However, in case of their absence, you may wish to include the name of a relative or friend. Please complete the details below:

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

Please complete the following.

- I agree to abide by all Auz Dance Collaborative Rules.
- I agree to complete and submit all paperwork.
- I agree to inform Auz Dance Collaborative of any changes in contact details.
- I agree to abide by the copyright and dance permission rules.
- I agree to pay all fees in full & by DUE Date.**
- I agree to ensure my child / children wears dance attire / full uniform at all times.
- I agree to advise Auz Dance Collaborative prior to withdrawing from classes (2 weeks notice).
- I understand that whilst all care is taken, and students are fully supervised whilst dancing, that Auz Dance Collaborative accepts no responsibility for any injury, loss or damage on the premises and participate at my own risk.
- I understand that Auz Dance Collaborative accepts no responsibility for any loss, damage or injury on the premises to sibling's and or parent's / guardian's property including the car park area.

Declaration:

I/We have read and understood all the terms and condiments set out in the general information sheet and agree to adhere to all studio rules.

Signed: _____
Parent/Guardian

Date: _____

OFFICE USE ONLY:

<u>REGISTRATION:</u>	<input type="checkbox"/> STUDENT	<input type="checkbox"/> FAMILY	<u>REGISTRATION PAID:</u> YES / NO
<u>FEES:</u>	<input type="checkbox"/> TERM	<input type="checkbox"/> WEEKLY	
<u>PAYMENT TYPE:</u>	<input type="checkbox"/> CASH	<input type="checkbox"/> DIRECT DEPOSIT	<input type="checkbox"/> DIRECT DEBIT - SEE BELOW FOR DETAILS
<u>AUTHORISED BY:</u>			<u>DATE:</u>

CREDIT CARD DETAILS:

CARD HOLDERS NAME:

CARD NUMBER :

EXPIRY:

CCV: