**

**Awesome Guys Dance Company AGDC**

**1 Salicki Avenue, Epping, Victoria, Australia, 3676, Mobile:0424279450**

**Email:** **agdc.australia@gmail.com**

**Student information and Fees details**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Person responsible for paying fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Release and Policy Acceptance (please initial)**

\_\_\_ I/we understand the Studio Policies \_\_\_ I/we understand my billing obligations

\_\_\_ I/we understand the risks related to dance \_\_\_ I/we understand my responsibilities for my property

\_\_\_ I/we understand the dress code \_\_\_ I/we understand the schedule

\_\_\_ I/we give media use rights permission \_\_\_ I/we understand the attendance policy

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature / Responsible Party**  **Date**

**Fee Policies Payment Modes**

Registration Fees: $30 **BANK : Commonwealth Bank**

**Tuition Fees per class: $15** **BANK NAME: SAM GEORGE**

 **BSB: 063184 A/C NUMBER: 10508288**

* **Fees are payable according to the invoices**
* **Reminder E-mail will be sent out until the payment received**

**Medical Allergies**

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child require any special medical attention during a normal class: [ ] Yes [ ]  No

 If yes – Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Print name:……………………………………………**

 **Signature…………………………………………………**