



# BWDANCE 2024 ENROLMENT FORM

I have read and understood all of the information, terms and conditions stated in the 'BWDance 2024 Enrolment Information'

STUDENT NAME.....

ADDRESS.....POST CODE.....

EMAIL ADDRESS.....

TELEPHONE MOBILE/HOME.....

DATE OF BIRTH.....

PARENT CONTACT NAME.....

DOES YOUR CHILD HAVE ANY ALLERGIES/MEDICAL CONDITIONS/INJURIES?    YES     NO

IF 'YES' PLEASE PROVIDE DETAILS: .....

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I GIVE/DO NOT GIVE PERMISSION FOR MY CHILDS PHOTOGRAPHS TO BE USED IN ADVERTISING

HOW DID YOU HEAR ABOUT BWDANCE?.....

I AS THE LEGAL PARENT/GUARDIAN OF THE ABOVE STUDENT AUTHORISE HER/HIS ENROLMENT IN BWDANCE CLASSES. I AM AWARE THAT PARTICIPATING IN DANCE INVOLVES INHERENT RISKS AND HAZARDS. I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, PROPERTY DAMAGE, OR LOSS RESULTING FROM SUCH RISKS AND HAZARDS. I VOLUNTARILY AGREE TO RELEASE BWDANCE AND THEIR EMPLOYEES FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE, INJURY OR EXPENSE THAT MAY BE INCURRED AS A RESULT OF PARTICIPATION.

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SIGNED (PARENT/GUARDIAN)

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DATE (dd/mm/yy)