

**BWDANCE 2025 ENROLMENT FORM**

**I have read and understood all of the information, terms and conditions stated in the**

**‘BWDance 2025 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) DATE (dd/mm/yy)