

# DanceFusion

STUDIO OF THE PERFORMING ARTS

## 2022 ENROLMENT FORM



### Student's Information

\*Strictly Confidential\*

Student's Name: \_\_\_\_\_  
Student's Date of Birth: \_\_\_\_\_ Student's Age on the 1/1/2022 \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Do you wish for information to be sent via email? Y / N

### Classes

Classes enrolling in: \_\_\_\_\_  
Do you wish to participate in the end of year concert? Y / N  
Do you wish to participate in Dance Competitions (if applicable) Y / N

### Consent

Do you consent to photographs/videos of the students being used in advertising? Y / N

### Medical Information

Family Doctor: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Medical Insurance Carrier: \_\_\_\_\_  
Member's Name: \_\_\_\_\_  
Membership Number: \_\_\_\_\_

Do you have ambulance cover? Y / N  
In an emergency do you give Dance Fusion permission to call an ambulance? Y / N

Allergies, if any, including medication: \_\_\_\_\_

Please provide details of any medical conditions and action plans, so that we can best teach and look after your child.  
\_\_\_\_\_

Medicines your child is taking now: \_\_\_\_\_

In an emergency, parents can be reached as follows \_\_\_\_\_

Alternative emergency contact number \_\_\_\_\_

I have read and accepted the conditions of the Dance Fusion 2022 Enrolment Contract

Date: \_\_\_\_\_  
Signed : \_\_\_\_\_ Name: \_\_\_\_\_

Accepted Date: \_\_\_\_\_ Signed on behalf of Dance Fusion: \_\_\_\_\_