

2012 Enrolment Form

Location: _____

Fitness First Member: Yes / No Fitness First Membership Number: _____

Your Full Name: _____ Date: _____

Address: _____ Suburb: _____ Post Code: _____

Phone (H): _____ Mobile: _____ Other: _____

Email Address (Please Print): _____

Child's Full name: _____ Date of Birth: ____ / ____ / ____

Child's Full name: _____ Date of Birth: ____ / ____ / ____

Child's Full name: _____ Date of Birth: ____ / ____ / ____

Which educational facility does your child attend (i.e. school)? _____

Have you danced with us before? Yes / No

Medical information		Hearing problems	Y / N	Vision Problems	Y / N
Asthma	Y / N	Epilepsy	Y / N	Diabetes	Y / N
Allergies	Y / N	Attention Deficit Disorder	Y / N	High Blood Pressure	Y / N
Type: _____		Immunised	Y / N	Other: _____	

I promise to Fitness First that all information on this form is correct. I acknowledge that I will not have any claim of any kind or nature against Fitness First for any illness, injury or adverse change in medical condition or state of health affecting my child arising directly or indirectly from any test, training, course or program my child undertakes at Fitness First. Any rights granted to me by law which are not capable of change by agreement remain unaffected by the terms of this agreement.

I acknowledge that refunds are not available or applicable in regards to my and/or my child's dance tuition if classes are missed and/or participation stops. I further acknowledge that Fitness First will offer amicable options and alternatives if my and/or my child misses dance classes and accept that this does not include refunding missed lessons or payment on a pro-rata basis.

I have explained to my child/ren the behaviour that is expected of them to ensure their safety at Fitness First. I take full responsibility for my child's conduct and actions whilst at the club. I acknowledge that Fitness First has disclosed to me that I and my child/ren may be photographed, videoed, filmed or otherwise recorded whilst participating in the Dance First programme and activities and consent to this. By signing this Enrolment Form I also consent to Fitness First using my and my child/rens image/s in any promotion, advertisement or other material or activities in relation to Dance First and other aspects of the Fitness first business and agree that Fitness First is entitled to entire copyright in and sole ownership of such images.

Parent's name (please print): _____ Date: ____ / ____ / ____

Parents Signature: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

(Emergency Contact - another person other than yourself you want Fitness First to contact in the event of an accident resulting in hospitalisation)

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academy

FitnessFirst

Child's Full name: _____ Date of Birth: ____ / ____ / ____

Class name: _____

Child's Full name: _____ Date of Birth: ____ / ____ / ____

Class name: _____

Child's Full name: _____ Date of Birth: ____ / ____ / ____

Class name: _____

Parent's name (please print): _____ Date of Birth: ____ / ____ / ____

Parents Signature: _____

Total Fees: \$ _____

Total Uniform Fees: \$ _____

Grand Total: \$ _____

Office Use Only:
1) attach thermal receipt
2) Write receipt no. on top left corner of form
3) Write student details into Enrolment Folder
4) Issue dance Access Card
5) Place form in drop safe for admin to pass onto Dance School

Payment Details

Name: _____

Please charge my credit card: M/C Visa

Name as on card: _____

Number: ____ / ____ / ____ / ____ Expiry Date ____ / ____

Signature: _____ Date: _____

