



OFFICE USE ONLY:	<input type="checkbox"/> Enrolment Fee Paid
Fee Payment Method:	<input type="checkbox"/> Term Fees <input type="checkbox"/> Wkly Fees
Staff Initials:	Date:

REGISTRATION, RELEASE AND LIABILITY FORM		
<b>STUDENT NAME:</b>		
<b>DATE OF BIRTH:</b>	<b>AGE (as of 1<sup>st</sup> Feb):</b>	<b>SEX (PLEASE CIRCLE): M or F</b>
<b>ADDRESS:</b>		
<b>SUBURB:</b>	<b>POSTCODE:</b>	
<b>POSTAL ADDRESS:</b> <i>(if different from above)</i>		
<b>PARENT/GUARDIAN #1:</b>	<b>OCCUPATION:</b>	
<b>PARENT/GUARDIAN #2:</b>	<b>OCCUPATION:</b>	
<b>HOME PHONE:</b>		
<b>WORK PHONE:</b>		
<b>MOBILE(S):</b> <i>(include names)</i>		
<b>EMAIL:</b>		
<b>RETURNING STUDENT?</b> <i>If yes, how many years have you been with us?</i>		
<b>HOW DID YOU FIND OUT ABOUT RHYTHMIC MOVES?</b> <i>Please tick relevant boxes:</i>		
<input type="checkbox"/> yellow pages book	<input type="checkbox"/> brochure	<input type="checkbox"/> friend or relative attends school
<input type="checkbox"/> yellowpages.com.au	<input type="checkbox"/> location (drive-by)	<input type="checkbox"/> at a performance by students
<input type="checkbox"/> white pages	<input type="checkbox"/> google	<input type="checkbox"/> recommended by dancewear shop
<input type="checkbox"/> advertisement – please circle which publication – Mercury / Northern Leader / Advertiser <input type="checkbox"/> Other_____		
<b>ANY HEALTH OR PHYSICAL RESTRICTIONS:</b> <i>(eg Allergies, Diabetes, Asthma, ADHD, etc)</i>		
<b>EMERGENCY CONTACT NAME:</b> <i>(when parents cannot be reached)</i>	<b>RELATIONSHIP TO STUDENT:</b> <i>(eg nan, aunt, friend)</i>	
<b>PHONE NUMBER(S):</b>		

**Agreement for Participation**

I understand that all of the activities in the classes involve some degree of risk, strain or bodily injury. I further understand that I am responsible for ensuring my child(ren) is medically fit for the classes. I hereby agree that in the advent of any accident or illness, I authorise any member of the teaching faculty to obtain such urgent medical assistance or treatment for the above mentioned student, and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance or hospital accommodation at my own expense.

I have received the student handbook and agree to adhere to all the content stated therein including:  
 \* Terms & Conditions    \* Studio Policies    \* Tuition & Payment Information    \* Dress Code

I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

**Signed (Parent/Guardian):** \_\_\_\_\_ **Dated:** \_\_\_\_\_