

FLAIR SCHOOL OF DANCE

ENROLMENT FORM

Pupil Name: _____

Parent/Guardian Name (if Under 18): _____

Address: _____

_____ Postcode: _____

The vast majority of our members now receive fee notes and other dance school correspondence via email in an effort to make the Flair more environmentally friendly and also more efficient. It would be a great help to us if you would consider receiving emails rather than paper copies, if you have an email address please clearly print it below

Email Address: _____

Landline Number: _____

Mobile Number: _____

Date of birth: _____ School year: _____

Important medical information _____

Please Note: If you require more space, attach additional pages & tick box

LEGAL DISCLAIMER:

I give permission for the aforementioned student(s) to participate in the activities arranged by 'Flair'. I confirm that I have read & accept the 'Terms & Conditions' as laid out by 'Flair'. I understand that whilst every effort is made to ensure the safety of participants, all physical activity carries a certain amount of risk. I understand that the student(s) participates at his or her own risk. In the event of an emergency, **unless stated otherwise below**, I give permission for my child to be given an anaesthetic. I accept that all belongings brought in by students are done so at their own risk. I understand that from time to time photographs and video footage may be taken for publicity purposes, **unless stated otherwise below**, I am happy for my child to be included in this publicity.

IMPORTANT:

If you **do not** wish you child (where applicable) to be included in any publicity please indicate here with the word 'no' _____

If you **do not** authorise you child (where applicable) to be given an anaesthetic in event of emergency please indicate here with the word 'no' _____

Signed _____ Date _____

Print Name _____

For Office Use Only:

START TERM: _____

UNIFORM: _____

WEEK NUMBER: _____

INVOICE DOCS: _____

CLASSES: _____

DETAILS FILE: _____