



Student 1 Information:				
Given Name:		Surname:		
Date of Birth:	Male:	☐	Female:	☐
Mobile (if applicable):				
Medical Information:				
Allergies:				
Medication:				
Other Medical Information:				
Student 2 Information:				
Given Name:		Surname:		
Date of Birth:	Male:	☐	Female:	☐
Mobile (if applicable):				
Medical Information:				
Allergies:				
Medication:				
Other Medical Information:				



Guardian Information:		
First Contact Information:		
Given Name:	Surname:	
Relationship to Student:		
Contact Information:		
Home:	Work:	Mobile:
Address:		
Suburb:		Postcode:
Email:		
Secondary Contact Information:		
Given Name:	Surname:	
Relationship to Student:		
Contact Information:		
Home:	Work:	Mobile:
Address:		
Suburb:		Postcode:
Email:		
Emergency Contact Information:		
Given Name:	Surname:	
Relationship to Student:		
Contact Information:		
Home:	Work:	Mobile:
Address:		
Suburb:		Postcode:
Email:		



Class:	Student 1:	Student 2:	Style:	Day:	Time:
	☐	☐			
	☐	☐			
	☐	☐			
	☐	☐			
	☐	☐			

Trial Class Date:	First Class Date:	Casual Fees:	Term Fees:
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐



Commitment Agreement:

	Yes	No
I confirm that I have read and understood the following documents*		
1 Foothills Dance Academy's Policies	☐	☐
2 Foothills Dance Academy's Code of Conduct	☐	☐
3 Foothills Dance Academy's Commitment to Child Safety	☐	☐
I give permission for my child to participate in Foothills Dance Academy**		
1 Performances	☐	☐
2 Examinations	☐	☐
I understand that photographs and video may be taken of my student/s during classes for the purpose of advertising and are the property of Foothills Dance Academy		
I agree to pay all dance fees and associated costs by the due date		

I _____

parent/guardian of _____

have read the above documents and agree to all terms and conditions of Foothills Dance Academy

Signature: _____ Date: _____

*Documents are available at www.foothillsdanceacademy.com.au

**Further information and eligibility for performances and examinations will be provided throughout the year