

Full Name: _____

Age: _____ Date of Birth: _____ Sex: Female / Male

Previous Dance Experience: _____

STUDENTS OVER 18 YEARS OF AGE:

Student home address: _____

Postal address: _____

Email address: _____

Home phone: _____ Work phone: _____ Mobile phone: _____

Other: _____

Two Emergency Contacts:

1) Name: _____ Relation: _____ Phone: _____ Phone: _____

2) Name: _____ Relation: _____ Phone: _____ Phone: _____

STUDENTS UNDER 18 YEARS OF AGE: please specify in the following information if acting as Guardian

Mother's Name: _____

Mothers home address: _____

Mothers postal address: _____

Email address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Other: _____

Two Emergency Contacts:

1) Name: _____ Relation: _____ Phone: _____ Phone: _____

2) Name: _____ Relation: _____ Phone: _____ Phone: _____

Fathers Name: _____

Fathers home address: _____

Fathers postal address: _____

Email address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Other: _____

Two Emergency Contacts:

1) Name: _____ Relation: _____ Phone: _____ Phone: _____

2) Name: _____ Relation: _____ Phone: _____ Phone: _____

CLASS REGISTRATION

1. Class & Day:	Term fee:
2. Class & Day	Term fee:
3. Class & Day	Term fee:
	Subtotal:
(check timetable) Minus Discounts:	
	TOTAL:

How did you hear about Backstreet Dance?

PAYMENT

NEW STUDENTS: Must complete, sign and submit form. Full term payment due in 2nd class.
TERM FEES: Dance fees remain the same throughout the year, whether it's a long or short term, regardless of absences.
 Term fees are non-refundable. Check your class timetable for term dates. Fees include GST.
Payment methods accepted:
 • Credit Card • Cash • Cheque • Money Order • Direct Deposit (please ask reception for bank details)

PRODUCTIONS

END OF TERM PRODUCTION CONDITIONS:
Do you wish to perform at the end of term productions? (please circle your choice) **YES / NO**
If NO: You will not be performing therefore you are not required to make a costume payment. You are also not permitted to attend rehearsals. Refer to the Studio Handbook for further details.
If YES: You are required to pay a costume fee of between \$20 - \$40 each term and sometimes required to pay for production tickets (if performing at a private venue). By circling YES, you understand this condition and agree to make these extra payments when required.
 PLEASE NOTE: This condition is non-negotiable.

MEDICAL CHECK

1. Has a physician ever diagnosed you with a heart condition and indicated you should restrict your physical activity? **YES / NO**
 If Yes, please include detail

2. Are you pregnant? **YES / NO** If yes, how many months?

3. Do you ever get faint or dizzy and lose your balance? **YES / NO**
 If Yes, please include detail

4. Do you have an injury or orthopaedic condition (such as a back, hip or knee problem) that may worsen due to exercise? **YES / NO**
 If yes, please include detail

5. Do you have high blood pressure or a heart condition in which a physician is currently prescribing medication? **YES / NO**
 If Yes, please include detail

6. Please advise of any medical history or allergies that Backstreet Dance need to be aware of Eg. asthma, bad back, knee reconstruction, etc.
 If yes, please specify:

7. Does the student need to take medication? **YES / NO** If yes, please specify:

NOTE: If you have answered YES to any of the above questions, please consult with your doctor before commencing a Dance Class. In particular, if you have answered YES to any of the above questions, we may require a doctor's certificate in order for you to be able to commence an dance/fitness classes with Backstreet Dance.
 I hereby declare that I have answered all of the above questions truthfully and to the best of my knowledge and am now ready to commence a class with Backstreet Dance. I understand that if my health circumstances change or worsen or if any other health concerns arise in the future it is my responsibility to consult with my doctor to seek further medical advice and clearance to continue exercise.
 Backstreet Dance do not accept responsibility or liability for any injury, illness, or condition of our class members. By signing below you are hereby stating that you understand and agree to the above statement and you are in a healthy condition to commence a class with Backstreet Dance.

I, the parent/guardian/adult student, have read, understood and agree to the Backstreet Dance Terms and Conditions as laid out in the Studio Handbook.

Name: _____ Date: _____ Signature: _____

OFFICE USE ONLY:	Date Pd.	Amt Pd.	Terms Pd.	Receipt:	Class list:
	Pmt Method:				