

## STUDENT DETAILS

Last Name: ..... First Name: .....

Age: ..... years (as at 30/01/19) Date of Birth: ...../...../..... Female/Male (Please Circle)

Any previous dance experience (other than DanceForce): .....

## MEDICAL INFORMATION - (Please provide details)

Allergies: .....

Injuries or Medical Conditions: .....

Medication: .....

## STYLE OF DANCE

**Core Classes** (please circle level)

<b>JAZZ</b>	Beginner	1	2	3	4	5	6	7	8	9	10	
<b>CLASSICAL</b>	Beginner	1	2	3	4	5	6	7	Pre-Elementary	Elementary	Pre-Pointe	Pointe
<b>TAP</b>	Beginner	1	2	3	4	5	6	7	8	9	10	
<b>ACRODANCE</b>	Level	1	2	3	4	5	6					

<b>BABYBALLET</b>	Monday	Tuesday	Wednesday	Thursday	Friday
	Tinies/Movers	Tinies/Movers	Tinies/Movers	Tinies/Movers	Tinies/Movers

**Extra Classes:** (please tick & circle age group)

<b>LYRICAL/CONTEMPORARY</b> – Junior / Senior	<b>HIP HOP</b> – Junior / Senior
<b>SINGING/MUSICAL THEATRE</b> – Junior / Senior	<b>PRIVATE CLASS</b>
<b>ADULT CLASSES</b> – Tap/Jazz/Ballet (Will only run if more than 4 enrol)	

Competition classes will be available for those who want to enter into Competitions. Ask for more information.  
 Performance class is for those students who are committed to learning choreography and will be available for **all** performances through the year, which include Swan Hill Show, Fairfax, Market Day etc.

## PARENT/GUARDIAN DETAILS

Parent/Guardian Name: .....

Address: .....

Postcode: .....

Relationship: ..... Mobile: ..... Email: .....

Emergency Contact: ..... Phone: .....

Please Turn over.....

## Parent Release Form for Photography and Videography

I, the undersigned, give permission for **DanceForce Swan Hill** to use video footage and/or photographs of my child/ward, \_\_\_\_\_.

This usage may include (but is not exclusive to) displaying publicly, distributing, or publishing photographs and/or video of my child for use in materials that include, but may not be limited to:

- printed materials (e.g. - brochures and newsletters)
- online and offline advertising and promotion
- videos and digital images such for use on Social Media.

By signing this form, I acknowledge that I am giving unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by **DanceForce Swan Hill** for a variety of purposes and that these images may be used without further notification. I do understand that any identifying information including surname and location will not be used in conjunction with any video or digital images.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Health Information and Medical Release/Waiver Form

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, acknowledge that participation in dance and acrobatics is potentially dangerous and there is an inherent risk of injury involved.

In allowing my child to participate in **DanceForce Swan Hill** activities, I hereby assume all the risks associated with the Performing Arts (including Acrobatics/Acrodance). I understand the importance of myself and my child following the instructions and rules set by their instructor/s, and I agree to release **DanceForce Swan Hill** and its employees of any and all liability which may arise as a result of my child's participation in activities at **DanceForce Swan Hill**.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_