



Directors: Jen Barfoot, Tania Robins Founding Principal: Miss Lynda Mathis

F.I.S.T.D. (Cecc. Br. Stage Br. ADV.)A.I.S.T.D., M.T.A.A.D)
Studio address: 39 Downard Street, Braeside 3195 Phone: 9587 9373
www.mathisschoolofdancing.com.au

Enrolment & Indemnity Form 2010

Student Given Names.....

Surname.....

Date of Birth.....Age at Jan 1st 2010.....

Address.....

Suburb.....Postcode.....

Phone Home.....Work.....Mobile.....

Email address.....

Mothers Name.....Fathers Name.....

Any recurrent Illness or Medical Condition, e.g. Asthma. Epilepsy

.....
Regular Medication.....

Treatment in Emergency.....

Emergency Contacts

1..... Phone/Mobile

2..... Phone/Mobile

3..... Phone/Mobile

Parents need to note that all students dance at their own risk. It is recommended that Parents take 24 hour insurance policies for their children through their schools.

Parents should be aware that Dance Training involves a certain amount of hands on assistance for correction.

Students are required to attend all classes and wear the correct school uniform. No refunds or make up classes are available for missed classes. We reserve the right to combine or change classes where necessary.

Where did you here about us you.

Local Paper

Referral Name _____

Internet

Other _____

Google / Yellow pages circle

Thank you.



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Parents must contact the studio on 9587 9373 if the student will not be attending a class.

I wish to enrol my child having read the above conditions and guidelines in the prospectus and enclose \$50.00 deposit to secure a place.

I hereby accept responsibility for delivering and collecting the above-mentioned student inside the studio of this School of Dance.

Signature of Parent or Guardian

Print Name

Date

Class/es Enrolling in

PHOTOGRAPHY PERMISSION FORM

As part of our communications activity, the Mathis School of Dancing occasionally uses photography for publicity purposes. We would like your permission to photograph/film your child for possible inclusion in our publications, website and other publicity material. The image(s) will remain the property of the Mathis School of Dancing and will be used only for the designated purpose of promoting the Mathis School of Dancing. Your child's contact details will remain strictly confidential.

Name of Student:

Name of parent/guardian:

I permit Mathis School of Dancing to use photographs of me/my my child in Mathis publications, website and publicity material, and for inclusion in the Mathis image library.

Signed:

Date:

(must be signed by parent/guardian if individual is under 16 years old)