

CLASS ENROLMENT FORM

THIS FORM MUST BE COMPLETED BEFORE TAKING PART IN YOUR FIRST DANCE CLASS

STUDENT CONTACT DETAILS *in case of class cancellation or changes to our schedule*

NAME

HOME TEL

MOBILE

EMAIL

EMERGENCY CONTACT DETAILS *in case of injury or other emergencies*

NAME

MOBILE

RELATIONSHIP TO STUDENT

If there are any medical conditions, allergies or injuries we should be aware of, please give details below

I can confirm that the information given above has been completed accurately and to the best of my knowledge.

SIGNED

DATE