



ENROLMENT FORM

Student Name:.....
 Age:.....D.O.B/...../.....
 Address.....
 Parent name:..... Number:
 Parent email address:.....
 Medical conditions/allergies:.....
 How did you hear about us?:.....
 Would you like to pay UP FRONT or via EZIDEBIT?:
 Are you enrolling in TROUPE or RECREATIONAL classes?:.....

Please tick the classes you would like to participate in.

Jazz		Hip Hop		Contemporary		Cardio Dance	
Tap		Lyrical		Musical Theatre		Adults Beginner Dance	
Ballet		Technique		Acrobatics/Gymnastics		Solo/Private Lesson	

I..... give permission for A-Live Performing Arts to use any photo/video footage taken at or in connection with performances, classes or appearances representing 'A-Live Performing Arts Centre' of my child/ward for promotional and marketing purposes. These images could be but are not limited to A-Live Performing Arts media pages and website. I also understand and except that the A-Live studios are monitored and recorded by surveillance cameras for the safety of all clients and staff. I have also read and agree to abide by all terms listed on the A-Live 'Classes & Payments' form.

Signed.....Date.....