

# 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?: .....

Please tick the classes you would like to participate in

Ready Set Dance		Hip Hop		Technique & Fitness	
Acrobatics		Jazz		Lyrical	
Ballet		Tap		Contemporary	

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' 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 accept 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 Info Pack.

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