



DANCELANE ENROLMENT FORM

NAME

D.O.B

ADDRESS

PHONE NUMBER

MOBILE

PARENT'S NAME

EMAIL

CLASSES

INVOICES & NOTICES WILL BE EMAILED PLEASE ADVISE ANY CHANGES

EMERGENCY CONTACT

CONSENT TO MEDICAL ATTENTION

KNOWN MEDICAL CONDITIONS

All students participate at their own risk. Whilst the utmost care is taken by teachers and instructors no responsibility will be taken by Directors, teachers, instructors or any staff for injuries, lost/stolen or damaged property resulting from participation.

I authorise the teacher in charge of class to consent, where impractical to communicate with me, to the child receiving such medical treatment as may be deemed necessary and I will be liable for any cost incurred

I acknowledge and give permission that: The above mentioned students performance in the concert, rehearsals or during the year practice may be photographed, filmed and/or otherwise recorded. I agree that images may be used for promotional material/ including being on the official website and social medial for Dance Lane. I also agree it is my responsibility to regularly update Dance Lane in writing should any of my contact details change.

Please note there are no refunds for missed classes due to illness or holidays OR if you choose not to return during the term for any reason. (Long periods of absence by arrangement only) Overhead costs continue regardless of how many students attend classes, therefore there can be no refunds for classes not attended. If classes are cancelled due to heat or unforeseen circumstances you accept make up classes or credits will be given and not a refund.

Fees **MUST** be paid by the 1st week of each term failure to do so may result in suspension from classes, performances and concert.

I fully understand that I am soley responsible for paying the above students account. I understand that Dance Lane does not split bills between parties.

I fully understand and agree to the terms and conditions as listed above Signed: _____ Date: _____