



ENROLMENT FORM

Family Name : _____

Parents Name : _____

Address : _____

Suburb : _____ Postcode : _____

Phone Number : _____ Mobile Number : _____

Email Address : _____

Parents Occupation: _____

Child Name : _____ Age : _____ DOB : _____

Classes : _____

Child Name : _____ Age : _____ DOB : _____

Classes : _____

Child Name : _____ Age : _____ DOB : _____

Classes : _____

Child Name : _____ Age : _____ DOB : _____

Classes : _____



INDEMNITY FORM

It is the policy of the owners of Dansing Pty Ltd that all reasonable care is taken for your safety and welfare, however all excursions are at your own risk.

All facilities provided by use/for us are provided for your enjoyment and every care is taken for your benefit. However, it is a condition of your participation in these activities/excursions that you do so entirely at your own risk, and therefore the following discharge and indemnity is required to be given at the time of enrolment, and reviewed at regular intervals.

I (parent name), _____

of (address) _____

Declare that I am 18 years of age or older.

I can legally sign for:

a) Myself _____

b) These children as Parent/Guardian

On his / her or their behalf

For the consideration of the facilities, provided by you, I, for myself, my executors, administrators and assigns for the child/children. Hereby absolutely release and discharge Dansing Pty Ltd, and its owners, employees, licensees, servants, agents, tenants, and assigns from and against all claims whatsoever, arising out of death, personal injury, or loss of or damage to personal property, that I or the child/children, may suffer or sustain, whilst at Dansing, or attending any excursions. I hereby indemnify and agree to keep indemnified, the owners and employees, licensees, servants, agents, tenants and assigns, against all claims, whatsoever, by me or the child/children, or by any person claiming through the child/children on my or their behalf of the child/children, in any way arising, and this discharge may be pleaded in bar to any such claim.

I declare that this indemnity has been read by and to me, and that I fully understand its meaning and effect, and therefore sign this document.

Signed _____

Witness Signature _____ Dated _____