

Enrolment Form 2019

Please fill in and return as soon as possible, so that your child is guaranteed a place,

TO

P.O. Box 958, Kalamunda, W.A. 6926

AN ENROLMENT FORM MUST BE FILLED OUT EACH YEAR

Student Details:

Name: _____ DOB: ___ / ___ / ___

Classes Attending: _____ BRANCH: _____

Address: _____

_____ P/Code: _____

Phone (Home): _____

Parents Details:

Mother/Female Guardian: _____ Mobile: _____

Father/Male Guardian: _____ Mobile: _____

Email: _____
(please print clearly)

Fee Enclosed: _____ Signed: _____

Please list any medical conditions that I should be aware of: _____

(WRITTEN PERMISSION/INSTRUCTIONS MUST BE GIVEN TO KIM BAKER AND STAFF TO ADMINISTER EPIPENS)

Where did you hear about us? _____

YES I give permission, **NO I do not give permission**

(please circle the correct permission),

For my child's photograph to be used in school newsletters, promotional material, programs, brochures, newspaper articles, KBBA website and the like.

YES I give permission, **NO I do not give permission**

(please circle the correct permission),

For my child's image to appear on YouTube cuts of previous concerts to feature on our website:

DISCLAIMER

This release disclaimer must be signed by the parent/guardian of students, before participating in any classes at the Kim Baker Ballet Academy. Whilst every care is taken, there are risks associated with an exercise program. Participating in the classes at the Kim Baker Ballet Academy may result in injury, and students participate at their own risk. By signing this form you are accepting responsibility for injury caused to your child, children or yourself, by others or yourself, through accident or negligence, through participating in classes at the Kim Baker Ballet Academy.

I hereby release and indemnify Kim Baker, her servants, agents and teachers, against any action or claim, arising from participation at the Kim Baker Ballet Academy.

I (Parent/Guardian), am also aware that if any unpaid fees have to be recovered, that all extra costs incurred will be forwarded on to me (Parent/Guardian), on top of the owed amount.

Name: _____ Signed: _____

Parent/Guardian of: _____ Date: ___/___/_____