

Last name	<input type="text"/>		
First name	<input type="text"/>	Middle name	<input type="text"/>
Date of Birth	<input type="text"/>	Current Date	<input type="text"/>

**CLASS CHOICE/S - (Include Class Name)**

Private lesson if applicable:

**PARENTS OR GUARDIANS**

**Address correspondence to:**

Last name	<input type="text"/>	First name	<input type="text"/>
Relationship	<input type="text"/>		
Address	<input type="text"/>		
City/ State	<input type="text"/>	Postcode	<input type="text"/>
Home phone	<input type="text"/>	Alternate phone	<input type="text"/>

Last name	<input type="text"/>	First name	<input type="text"/>
Relationship	<input type="text"/>		
Address	<input type="text"/>		
City/ State	<input type="text"/>	Postcode	<input type="text"/>
Home phone	<input type="text"/>	Alternate phone	<input type="text"/>

**OTHER EMERGENCY CONTACT**

Name	<input type="text"/>	Relationship	<input type="text"/>
Home phone	<input type="text"/>	Alternate phone	<input type="text"/>

**MEDICAL INFORMATION**

Doctor	<input type="text"/>	Address	<input type="text"/>
Phone	<input type="text"/>		
Allergies	<input type="text"/>		
Medication	<input type="text"/>		

**NOTES**

**TERMS OF ENROLMENT:**

I \_\_\_\_\_ as parent/guardian of \_\_\_\_\_, hereby agree to all the terms & conditions as set by Wendorff Dancing Academy & understand that no liability will be taking for loss or damage of property, or any physical injury caused whilst at Wendorff Dancing premises.

Signature \_\_\_\_\_

Date \_\_\_\_\_