

**NEW DANCER ENROLMENT FORM**

**Name:** ..............................................................................................................

**Address**: ..............................................................................................................

**DOB:**

**Any medical** ..............................................................................................................

**conditions/allergies:**

**Emergency**

**contact name:**  ..............................................................................................................

**Emergency**

**contact number:** ...............................................................................................................

**Email address:** ...............................................................................................................

***Please tick the following boxes and sign below to confirm your understanding:***

* I consent to pictures being taken of my child during classes or performances and being used for promotional purposes on the GKDA website/facebook/twitter and posters/leaflets etc
* I understand that overdue fees may lead to my child being asked to leave the academy.
* I understand that if my child decides not to carry on with lessons no refund on that term’s tuition will be given

**Signed**  ................................. **Date** ......................................

**Print Name** .................................