



DANCE REVOLUTION HIP HOP ENROLMENT FORM

STUDENTS DETAILS

Name _____

Date of birth _____

Age _____

Class Time/Location _____

PARENT/GUARDIAN DETAILS

Name/s _____

Phone number _____

Email _____

Other people who can collect your child

MEDICAL DETAILS

Doctor's Name/Medical Centre: _____

Does your child have any special health needs, allergies, or medication requirements? YES / NO

If YES please explain: _____

How did you hear about our studio? _____

By enrolling my child at Dance Revolution/Latin Fire Dance, I accept responsibility for payment of the tuition fees for all classes in which my child is enrolled.

I understand that Dance Revolution/Latin Fire Dance from time to time engages photographers / videographers for studio classes, events & performances; and that any photos/footage may be used for studio purposes including publicity & social media at a later date.

Parent/Guardian signature _____ Date _____

Latin Fire Dance Academy / Dance Revolution

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