



Level 1 - 37 Gheringhap Street, Geelong 3220
p: 5222 8533 m: 0422 405 977 www.gapa.net.au

MUSICAL THEATRE

ENROLMENT FORM 2019

STUDENT'S NAME: _____

ADDRESS: _____ SUBURB: _____ P/CODE: _____

TELEPHONE: _____ MOBILE: _____

AGE (as at 1/1/19) _____ GRADE AT SCHOOL: _____ DATE OF BIRTH: _____

DANCE/DRAMA EXPERIENCE: (where?) _____ YEARS: _____

MUM'S NAME: _____ DAD'S NAME: _____

SCHOOL ATTENDING: _____

EMAIL ADDRESS: _____

EMERGENCY DETAILS

CONTACT NAME: _____

CONTACT NO: _____ RELATIONSHIP: _____

Please let us know of any medical conditions that could affect your child during a strenuous dance class:

ASTHMA: _____ SEIZURES: _____ HEART TROUBLE: _____

MUSCLE PROBLEMS: _____ OTHER: _____

MEDICATION REQUIRED: _____

I, Parent/Guardian Name: _____ (please print) hereby acknowledge that I have read and accept the terms of GAPA's 2019 Musical Theatre Prospectus and furthermore give permission for the teacher or administrator in charge to seek professional medical attention for my child should it be deemed necessary.

Parent Signature: _____ DATE: _____

A first aid kit is kept on site at the studio at all times.

Office use only:

Class description: _____

Notes: _____