



Level 1 - 37 Gheringhap Street, Geelong 3220
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DANCE ENROLMENT 2020

STUDENT'S NAME: _____

ADDRESS: _____ SUBURB: _____ P/CODE: _____

TELEPHONE: _____ MOBILE: _____

AGE (as at 1/1/20) _____ GRADE AT SCHOOL: _____ DATE OF BIRTH: _____

DANCE EXPERIENCE: (where?) _____ YEARS: _____

PAENT/GUARDIAN 1 NAME: _____ PARENT/GUARDIAN 2 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) give permission for the teacher or administrator in charge to seek professional medical attention for my child should it be deemed necessary.

Furthermore, I hereby acknowledge that I have read and accept the terms of GAPA's 2020 Dance Prospectus.

Parent Signature: _____ DATE: _____

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

Office use only:

Class description: _____

Notes: _____