

MTC dance Registration and Medical Information Form

Student's Name: _____

Home Address: _____

Date of Birth: ____ / ____ / ____ Age: _____

Year level: _____ Sex: F / M

Parent/Carer's Name: _____

Mobile: _____ Home: _____

Work: _____ Email: _____

Medicare number: _____

Emergency contact and phone: _____

Does your child have any medical conditions that we should be made aware of?

(If yes please explain) _____

Student to be enrolled in (Please circle):

Monday-	Year 3-Year 5	Lyrical
Tuesday-	Rec-Yr 2	Advanced A
Wednesday-	Year 6 & 7	Year 8- Year 12 Advanced B

Method of payment: Direct debit Cash

Other (Sorry no eftpos available at this stage)

Parent/ Carer Declaration (if student is under 18 years of age):

As a parent/carers of _____ I give my consent for him/her to
take part in MTC dances after school hip hop classes.

The leaders and instructors have my authority to take whatever action they think necessary to ensure the safety and well being of the group or individuals in the above mentioned activity.

If my child or young person becomes ill or is accidentally injured, the leaders may obtain on my behalf whatever medical treatment is deemed necessary, if we cannot be contacted. I will pay such medical expenses.

I have attached information as requested about my child's health, including details of his/her limitations for the planned activity.

An ambulance may be called in a medical emergency.

Dancing is a strenuous activity from which injuries could arise. The instructor will ensure that your child is properly warmed up and prepared to dance, but is not liable for personal injuries, loss of, or damage to personal property. Please inform the instructor of any physical limitations your child may have or if your child is unable to attend a class throughout the school term. MTC dance can not dispense aspirin or any medications unless parental consent is given.

Signed _____ (Parent/ Carer) Date: _____

Appearance clause

Permission is granted to use my son/daughter's picture or image in future advertisement and literature for MTC dance, and events conducted by them. I have read and agree to the above release and appearance clause.

X _____ Date: _____

Participants or Participants Parent/ Carer Signature if under 18



Staff Use Only: Total registration fee \$ _____ Amount Paid \$ _____ Cash _____ Debit _____
Other _____