



# WENDORFF

DANCING ACADEMY

## STUDENT REGISTRATION FORM

### STUDENT DETAILS

Last name.....  
First name.....  
Date of Birth.....

Middle name.....  
Current Date.....

### CLASS CHOICE/S - (Include Class Name)

.....  
.....  
.....Private Lesson if applicable:.....

### PARENTS OR GUARDIANS

Last name.....  
Relationship.....  
Address.....  
City/ State.....  
Home phone.....

### Address correspondence to:

First name.....  
.....  
Postcode.....  
Alternate phone.....

Last name.....  
Relationship.....  
Address.....  
City/ State.....  
Home phone.....

First name.....  
.....  
Postcode.....  
Alternate phone.....

### OTHER EMERGENCY CONTACT

Name.....  
Home phone.....

Relationship.....  
Alternate phone.....

### MEDICAL INFORMATION

Doctor.....  
Address.....  
Allergies.....  
Medication.....  
Notes:.....  
.....

Phone.....

### TERMS OF ENROLMENT

I .....as parent/guardian of .....hereby agree to all the terms & conditions as set by Wendorff Dancing Academy & understand that no liability will be taking for loss or damage of property, or any physical injury caused whilst at Wendorff Dancing premises.

Signature.....Date.....