**DANCENTRE**

**ENROLMENT FORM 2021**

## STUDENT INFORMATION

**SURNAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GIVEN NAMES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POST CODE:\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENTS/GUARDIAN NAMES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MOBILE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MOBILE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLASS ATTENDING: DANCENTRE STUDIO ATTENDING: BRIGHTON / HAMPTON**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COVID CONDITIONS PLEASE READ CAREFULLY**

* **I UNDERSTAND THE COVID-19 SYMPTOMS: FEVER, DRY COUGH, FATIGUE**
* **I AFFIRM THAT THE STUDENT & ANY MEMBER OF THE HOUSEHOLD IS NOT CURRENTLY EXPERIENCING OR HAS EXPERIENCED COVID-19 SYMPTOMS IN THE LAST 14 DAYS**
* **DANCENTRE WILL BE INFORMED IMMEDIATELY & STUDENT WILL DISCONTINUE CLASSES IF THE STUDENT OR ANY MEMBER OF THE HOUSEHOLD EXPERIENCES COVID-19 SYMPTOMS**
* **I AFFIRM THAT THE STUDENT & ANY MEMBER OF THE HOUSEHOLD HAS NOT BEEN DIAGNOSED WITH COVID-19 IN THE LAST 30 DAYS**
* **DANCENTRE WILL BE INFORMED IMMEDIATELY & DISCONTINUE CLASSES IF A DIAGNOSIS OF COVID-19 OF ANY MEMBER OF THE HOUSEHOLD IS POSITIVE**
* **DANCENTRE WILL NOT BE LIABLE FOR ANY INJURY OR SICKNESS INCURRED WHILE THE STUDENT IS ATTENDING DANCENTRE CLASSES**

 **DANCENTRE REQUESTS THAT ALL STUDENTS:**

* **ALLOW US TO CHECK THEIR TEMPERATURE BEFORE ENTERING THE PREMISES**
* **WEAR A FACE MASK AT ALL TIMES WITHIN THE STUDIO – EXCEPT WHEN UNDERTAKING EXERCISE, IF UNDER 12 YRS OR WITH A MEDICAL EXEMPTION**
* **MAINTAIN A SAFE DISTANCE FROM OTHERS AT ALL TIMES**
* **USE THE HAND SANITISER BEFORE ENTERING & WHEN EXITING THE STUDIO**
* **USE ONLY THEIR OWN DRINK BOTTLE & DO NOT SHARE FOOD**

**I HAVE READ, UNDERSTAND & AGREE TO THE CONDITIONS SET OUT ON THIS ENROLMENT FORM**

**SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DANCENTRE WILL BE ADHERING TO THE FOLLOWING PROCEDURES TO HELP PREVENT THE SPREAD OF COVID-10**

* **DO A TEMPERATURE CHECK BEFORE ENTERING THE STUDIO, & ENSURE IT IS BELOW 38\***
* **CLEAN / DISINFECT FREQUENTLY TOUCHED SURFACES THOROUGHLY& AT REGULAR INTERVALS**
* **WASH / SANITIZE HANDS BEFORE & AFTER EACH DANCE CLASS**
* **WEAR MASKS AT ALL TIMES – EXCEPT WHEN UNDERTAKING EXERCISE**
* **MAINTAIN A SAFE DISTANCE AT ALL TIMES**
* **ACCOMMODATE A LIMITED NUMBER OF STUDENTS IN EACH CLASS TO ENSURE PHYSICAL DISTANCING**
* **SCHEDULE CLASSES SO AS TO ALLOW TIME FOR CLEANING / DISINFECTING SURFACES IN BETWEEN CLASSES**
* **SCHEDULE CLASSES SO AS TO ALLOW STUDENTS TIME TO FINISH & LEAVE STUDIO BEFORE THE NEXT SET OF STUDENTS ARRIVE**
* **PROVIDE HAND SANITIZERS IN THE ENTRANCE AREA & OTHER LOCATIONS WITHIN THE PREMISES**

**DANCENTRE MARKETING AUTHORITY**

**I, the undersigned give permission for my child/children’s photograph to be taken during classes/productions for the purpose of the use of images in any Dancentre advertising, which may include website, brochures, display or other marketing materials at Dancentre’s discretion.**

**YES / NO**

**EMERGENCY/INJURY DISCLAIMER**

**In the event of an emergency I do hereby give permission to the representative of *Dancentre* to use his or her discretion in determining the most appropriate course of action with regard to the best interests of the above named student/s.**

**Please list any known illnesses & details of administration of medication where these maybe relevant to the student undertaking dance classes.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Dancentre* will not be liable for any loss or injury incurred by the student/s while the student/s are attending *Dancentre* classes.**

**SIGNED** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PARENT/GUARDIAN)

**DANCENTRE**

**(03)9596 9911**

**dance@dancentre.com.au**

**www.dancentre.com.au**