

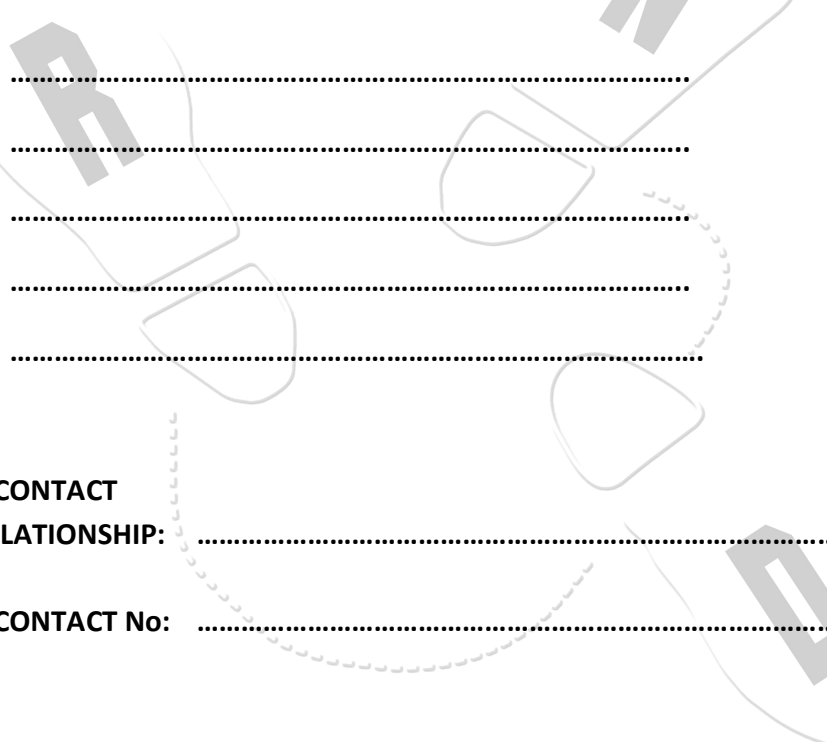
# RAZZLE 'N' DAZZLE ACADEMY OF DANCE

## ENROLMENT FORM

NAME: .....

D.O.B: .....

ADDRESS: .....



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TEL No: .....

EMAIL: .....

EMERGENCY CONTACT  
NAME and RELATIONSHIP: .....

EMERGENCY CONTACT No: .....

ANY MEDICAL CONDITIONS: .....

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ANY MEDICATION .....

CURRENTLY TAKEN: .....

**ANY ALLERGIES(including Food and Medication Allergies):**.....

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**NOTES:**

1. An insurance policy has been taken out with the IDTA (International Dance Teachers Association) to cover personal accident.
2. RnD Academy of Dance accepts no responsibility for accidents or injuries to students, or for the loss or damage of personal effects, unless the cause is the negligence of the RnD Academy of Dance or any member of its staff.
3. Parents are advised to complete this form (giving an emergency contact telephone number at which they can be contacted in the case of an emergency) and return it as soon as possible. Parents who are willing to allow urgent medical and dental treatment to be given to their children where necessary should sign the form below.

I agree that medical and dental treatment may be given to my child if necessary, including the administration of a general anesthetic and to surgical operations in the case of emergency, in accordance with the recommendation of a qualified medical practitioner.

Signed..... (Parent/Guardian)

DATE.....