



Term 3
2020

REGISTRATION FORM
20th July – 25th Sept

Dancers Name:		Age:
Postal Address:		Email: <i>(Important)</i>
Phone number- Home: ()		Mobile Number: <i>(Important)</i>

CLASS TYPE: *(please CIRCLE appropriate box)*

	MONDAY	TUESDAY	WEDNESDAY
3:30pm	Mini Peeps 2 Pre School 3-5 yrs \$75 3:30-4:00PM With Daniella	Mini Peeps 5 Pre School 3-5 yrs \$75 3:30-4:00pm With Caitlin	<h1 style="text-align: center;">Waiuku Classes</h1> <div style="background-color: #e67e22; color: white; padding: 10px; text-align: center;"> ADULT CLASS 18+ Male/Female \$125 St Johns Hall 7:45-8:45pm With Caitlin </div> <p style="color: red; font-size: small;">NOTE: All class prices on this timetable have had the 20% prompt payment taken off.</p>
4:00pm	PHUNKY FEET 4 Kidz 5-6 Yrs \$125 4:00-5:00pm With Daniella	PHUNKY FEET 5 Kidz 5-6 yrs \$125 4:00-5:00pm with Caitlin	
5:00pm	Stylee 4 Kidz 7-9 yrs \$125 5:00-6:00pm With Maddie	Stylee 5 Kidz 7-9 yrs \$125 5:00-6:00pm With Caitlin	
6:00pm	STREET BOPS 3 Teens 10-12 yrs \$125 6:00-7:00pm With Caitlin		
7:00pm	BEAT SQUAD 3 Teen 13-18 yrs \$125 7:00-8:00pm With Caitlin		
8:00pm			

NOTE: All classes apart from Waiuku held at the Groovit Dance Studio - 6A Crosbie Rd, Pukekohe
Waiuku classes held at - St John's Hall, Constable Road, Waiuku

We have a two week "No Obligation" policy, where new dancers can register at the start of a term to give it a go. After this time dancers will be charged for the full term. Everyone must register, even if you are just having a go. We often have a waiting list, so please inform groovit by the end of Week 2 if a dancer is not returning. Once a dancer has registered & paid fees, there are **NO REFUNDS** given to dancers who change their mind or miss lessons.

NOTE: In order to receive the '20% Prompt Payment Discount' all fees must be paid in full by the end of Term 3, 20th of July If fees are outstanding any debt recovery charges incurred will be payable by the Debtor.

Please tick this box if you would prefer that you or your dancers photo or video was **NOT** used on GROOVIT's Facebook page or any other form of advertising

PAYMENT

<input type="checkbox"/> DIRECT CREDIT	<input type="checkbox"/> CHEQUE Made Payable to Groovit	<input type="checkbox"/> CASH	AMOUNT PAID \$	Date Paid
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Direct Credit Details: Groovit ASB 12-3052-0012963-00
Particulars: Account holders name Code: Dancers Name Reference: Class name

By signing this form I accept full responsibility for any injury or sickness that may occur while participating in classes and agree that 'groovit' and/or its instructors are not liable financially or otherwise. I have read and filled out the above form with accuracy and honesty.
I have made the instructor aware of any serious conditions or illnesses and have completed a 2020 Health & Medical Form
All Choreography, Dance Routines, CD's and Music Mixes are the intellectual property of Groovit and are not for public use. CD's are for home use.

Parents Name:

Dancers or Parents Signature:

Date:

PTO



HEALTH & MEDICAL FORM 2020

(NOTE: This form only needs to be filled out once a year, unless changes need to be made)

Dancers Name:	Age:
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Do you suffer from any of the following:

Asthma:

Diabetes:

Epilepsy:

Do you have any other medical condition that may affect your ability to exercise?

YES

NO

If yes please describe below:

Have you had any injuries, pains or procedures that may affect your ability to exercise?

(I.e. Sprains, brakes, dislocations, cuts, operations etc.)?

YES

NO

If yes please describe below:

Where? (I.e. left ankle, right shoulder etc.)

Emergency contact name:	Contact Phone Number:
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Signed:	Date:
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If under the age of 18 years old a parent or guardian must sign this form on your behalf.

By signing this form, I (signatory) accept full responsibility for any injury or sickness that may occur while participating in classes and agree that 'groovit' and/or its instructors/choreographers are not liable financially or otherwise.

I have read and filled out the above form with accuracy and honesty.

I have made groovit aware of any serious conditions, pains or any other type of injuries that may affect my ability to dance.

All the information that has been obtained on this form will remain confidential.