**Term 1**

**2021**

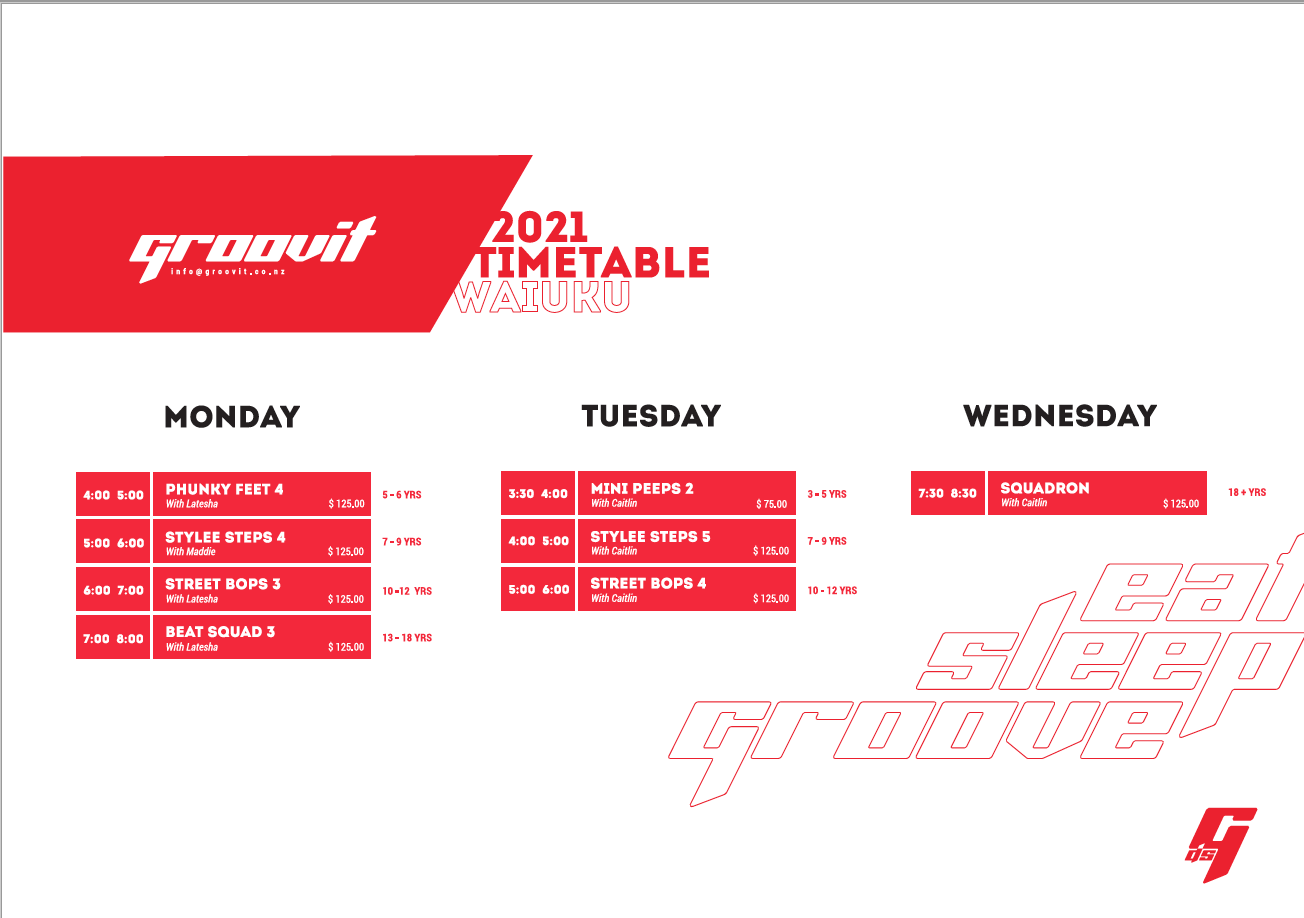
**1x Form per dancer**

REGISTRATION FORM

8th Feb – 16th April

|  |  |  |
| --- | --- | --- |
| **Dancers Name:** | | **Age:** |
| **Postal Address:** | **Email: (*Important)*** | |
| **Phone number- Home: ( )** | **Mobile Number: (*Important)*** | |

CLASS TYPE: *(please CIRCLE appropriate box)*



*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 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 8th of March

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*

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PAYMENT

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | DIRECT CREDIT |  | CHEQUE  Made Payable to Groovit |  | CASH | AMOUNT PAID $ | Date Paid |

|  |  |  |
| --- | --- | --- |
| **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 2021 Health & Medical Form**  **All Choreography, Dance Routines, CD’s and Music Mixes are the intellectual property of Groovit and are not for public use.** | | |
| PTO **Parents Name**: | | |
| **Dancers or Parents Signature:** | **Date:** | |
|  |  | |

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**HEALTH & MEDICAL FORM 2021**

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

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| --- | --- |
| 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: | | | | |  |
|  | | | | |  |
|  | | | | |  |

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| --- |
| Where? (I.e. left ankle, right shoulder etc.) |
|  |
|  |
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|  |  |
| --- | --- |
| Emergency contact name: | Contact Phone Number: |

|  |  |
| --- | --- |
| Signed: | Date: |
| **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.**