Term 3 2024

REGISTRATION FORM

Dancers Name:		8	31S			ug-2/" Sept			
			Age:						
Postal Address:				Email: (Important)					
Phone number- Home: ()				Mobile Number: (Important)					
CLASS TYPE: (please CIRC	CLE appropriate box)								
MONDAY MINI PEEPS #1	TUESDAY	WEDNESDAY	Y	THURSD MINI PEE		FRIDAY			
3:30pm \$95				3-5yrs	\$95				
4:00pm 3:30-4pm CAITLIN				-	CAITLIN				
PHUNKY FEET #1	PHUNKY FEET #2	STYLEE STE	PS #3						
5-6yrs \$145	\$145	7-9yrs \$14	45						
5:00pm 4:00-5:00pm CAITLIN	4:00-5:00pm WIL	4:00-5:00pm	BEN	Audition	s only				
STYLEE STEPS #1	STYLEE STEPS #2	DUDEZ		@ /	IOE				
7-9yrs \$145	^{7-9yrs} \$145	8-12yrs \$1	45	Ψ4	190				
5:00-6:00pm CAITLIN	5:00-6:00pm WIL	5:00-6:00pm	BEN	4:00-6:00pm B	RANDON				
BEAT SQUAD #1	STREET BOPS #1	STREET BOP	S #2	prodit	gies				
13-18yrs C115	10-12yrs C115	10-12yrs (1	15	ELITE DEVEI	LOPMENT				
7:00pm 6:00-7:00pm CAITLIN	ψ Ι Τ ∪ 6:00-7:00pm CAITLIN & WIL	6:00-7:00pm	TU BEN						
7.00pm CATTEIN	URBAN TROOP	BEAT SQUAL		фΩ	CE	NOTE: All class prices			
	ADULT 18+ \$145	13-18yrs \$	45	D	CO	on this timetable have had the 20% prompt			
8:00pm	700-8:00pm CAITLIN	7:00-8:00pm E	BEN	6:00-8:00pm	CAITLIN	payment taken off			
	m Waiuku held at the Groovit Dance Stu sses held at - St John Hall 3 Constable R				44 - E - 4-	4 14			
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 p	lease inform Groovit if	a dancer is not	returr	ning. Once a d	lancer has				
fees, there are <u>NO REFUND</u> NOTE: In order to receive t						the date on invoice.			
	ing any debt recovery ch								
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									
<u>PAYMENT</u>	гасероок рауе	or arry ourier for	III OI e	auverusing					
DIRECT CREDIT	<u>EFTPOS</u>	CASH	AMOUN	NT PAID \$		Date Paid			
♥ Direct Credit Details: Groovit Particulars: Account holders nam	ASB 12-3052-00 ne Code: Dancers Nam		lass na	ame					
	t liable financially or otherwise	e. I have read and fille	ed out th	he above form with	n accuracy an	d honesty.			
	nstructor aware of any serious nance Routines, CD's and Musi								
Parents Name:									
Dancers or Parents Signature: Date:									
									



HEALTH & MEDICAL FORM

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

Dancers Name:				Age:				
Do you suffer from any of Asthma:	the following: Diabetes:		Epilepsy:					
Do you have any other medical conditions that may affect your ability to YES exercise?								
If yes please describe belo	OW:							
Have you had any injuries, pains or procedures that may affect your ability to exercise? Please state where. (I.e. Sprains, brakes, dislocations, cuts, operations etc.)?								
If yes please describe belo	DW:							
Emergency contact name		Contact Phone Nur	mhor.					
Emergency contact name	•	Contact Fronc Nur	TIDOT.					
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.