

**Term 1 2026****REGISTRATION FORM****2<sup>nd</sup> Feb – 3<sup>rd</sup> April**

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

**CLASS TYPE:** *(please CIRCLE appropriate box)*

MONDAY	
4:00pm	<b>MINI PEEPS #2</b>
	3-5 yrs <b>\$105</b>
	4:00-4:30pm MIA
4:30pm	<b>PHUNKY FEET #4</b>
	5-6 Yrs <b>\$165</b>
	4:30-5:30pm MIA
5:30pm	<b>STYLEE STEPS #4</b>
	7-9 yrs <b>\$165</b>
	5:30-6:30pm SASHA
6:30pm	<b>STREET BOPS #3</b>
	10-12 yrs <b>\$165</b>
	6:30-7:30pm SASHA
7:30pm	<b>BEAT SQUAD #3</b>
	13-18 yrs <b>\$165</b>
8:30pm	7:30-8:30pm SASHA

WEDNESDAY

# Waiuku Classes

**NOTE: All class prices on this timetable have had the 20% prompt payment taken off.**

NOTE: All classes apart from Waiuku held at the Groovit Dance Studio - 6 Crosbie Rd, Pukekohe

Waiuku classes held at - St John Hall, 3 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 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 date on invoice.**

**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"/> <b>DIRECT CREDIT</b>	<input type="checkbox"/> <b>EFTPOS</b>	<input type="checkbox"/> <b>CASH</b>	AMOUNT PAID \$	Date Paid
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Direct Credit Details: Browne Family Limited Trading As Groovit ASB 12-3052-0012963-00  
 Particulars: Account holders name Code: Dancers Name Reference: Class name

By signing this 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 Health & Medical Form

**All Choreography, Dance Routines, CD's and Music Mixes are the intellectual property of Groovit and are not for public use.**

**Parents Name:****Dancers or Parents Signature:****Date:**

**PTO**



## HEALTH & MEDICAL FORM

(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 conditions that may affect your ability to exercise?

YES ☐

NO ☐

If yes please describe below:

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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.)?

YES ☐

NO ☐

If yes please describe below:

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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.**