

Term 3 & 4 2026

REGISTRATION FORM

20th July- 25th Sept/ 12th October-12th Dec

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

CLASS TYPE: (please CIRCLE appropriate box)

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

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

☐ DIRECT CREDIT	☐ EFTPOS	☐ CASH	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:

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:

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.