



Term 1
2020

REGISTRATION FORM
3rd Feb – 10th 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	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3:30pm	Mini Peeps 1 Pre School 3-5 yrs \$75 3:30-4:00pm With ABBEY				PHUNKY FEET 3 Kidz 5-6 Yrs \$125 3:30-4:30pm With CAITLIN
4:00pm	PHUNKY FEET 1 Kidz 5-6 Yrs \$125 4:00-5:00pm With ABBEY	PHUNKY FEET 2 Kidz 5-6yrs \$125 4:00-5:00pm With AMBER-LEE	Dudez Boyz Only 8-12 yrs \$125 4:00-5:00pm With BEN	Ra Motion \$230	Mini Peeps 4 Pre School 3-5 years \$75 4:30-5:00pm With CAITLIN
4:30pm					Stylee 3 Kidz 7-9 yrs \$125 5:00-6:00pm With CAITLIN
5:00pm	Stylee 1 Kidz 7-9 yrs \$125 5:00-6:00pm With ABBEY	Stylee 2 Kidz 7-9 years \$125 5:00-6:00pm With ALICE	STREET BOPS 2 Kidz 10-12 yrs \$125 5:00-6:00pm with BEN	ELITE JUNIOR KIDZ 8-10YRS (AUDITIONS ONLY) 4-6pm With MARQUISE	
6:00pm	BEAT SQUAD 1 Teenz 13-18 yrs \$125 6:00-7:00pm With DEADRE	STREET BOPS 1 Kidz 10-12 yrs \$125 6:00-7:00pm with AMBER-LEE	PRODIGIES Elite Kidz Development Crew (AUDITIONS ONLY) \$145 6:00-7:15pm With AMBER-LEE	A&SIP \$230	HYPE \$230
7:00pm					ELITE JUNIORS (AUDITIONS ONLY) 6:00-8:00pm With CAITLIN
7:30pm	Kurfew ELITE TEENZ \$230 (AUDITIONS ONLY) 7:00-9:00pm With CARLOS	Urban Troop Adult Ladiez 18+ \$125 7:00-8:00pm With DEADRE	BEAT SQUAD 2 Teenz 13-18 yrs \$125 7:15-8:15pm With BEN	ELITE JUNIOR KIDZ 10-12YRS (AUDITIONS ONLY) 6-8pm With MARQUISE	NOTE: All class prices on this timetable have had the 20% prompt payment taken off. All fees must be paid by the 28th of February in order to receive this discount.
9:00pm					

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 Week 4 classes, 28th of February 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.