



# Rezistance Dance Company Enrolment Form 2015

Student Name \_\_\_\_\_

D.O.B: \_\_\_\_\_

Age: \_\_\_\_\_

## Additional Family Members

Student Name \_\_\_\_\_

D.O.B: \_\_\_\_\_

Age: \_\_\_\_\_

Student Name \_\_\_\_\_

D.O.B: \_\_\_\_\_

Age: \_\_\_\_\_

## Class enrolment: (If more than 1 family member is enrolling, place initials beside the classes)

Mini Hip-Hop (prep-2)		Cardio, Strength & Flex (open age)	
Beginner Hip-Hop (U18)		Beginner Breakdance (open age)	
Jazz/Funk (open age)		Lyrical Hip-Hop (Open age)	
Intermediate Primary (grade 3-6)		Junior Crew (prep-grade 6)	
Intermediate Secondary (year 7-12)		Varsity Crew (Year 7-12)	
Adult Funk/Hip-Hop (18+)		The Rezistance Crew (18+)	

## How did you hear about RDC?

Social Media  Word of mouth  Google search  Poster/Flyer

Friend referral (please specify name): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

## Filming & Photography

Students may be filmed during class, rehearsals, workshops and performances. Footage may be used on RDC's website, Facebook page, Instagram or marketing merchandise. Some events, competitions and performances may also be professionally recorded and televised.

Do you give permission for child/ren to be filmed & photographed?

Yes  No

Do you give permission for footage of your child/ren to be published?

Yes  No

**Contact Details** (please provide your own contact details if you are enrolling in the Adult classes)

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency contact details** (please provide a different contact to the previous)

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**Medical Details:** (If there are multiple enrolments please specify names)

**Do you suffer from any of the following? (please circle)**

Anxiety      Anaphylaxis      Diabetes      Epilepsy      Dizzy Spells  
Fainting      Low Blood Sugar      Migraines      Seizures

Other (specify): \_\_\_\_\_

**Do you have any pre existing injuries?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please specify any allergies**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will you be required to bring specific medication to class? (please specify)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have ambulance cover?**      Yes / No

*In the case of an emergency RDC may be required to call an ambulance. Primary contacts and/or emergency contacts will be notified of any emergency situation that occurs within class or during a performance.*

**Sign:**

**Date:**