



TRIANA FLAMENCO DANCE STUDIO

20 Third St
BROMPTON SA 5007

Web: www.trianaflamenco.com

ABN No. 58 892 408 406

Tel: 0438 366 931

STUDENT ENROLMENT FORM

NAME:.....

ADDRESS:.....

OCCUPATION:.....TELEPHONE NO.....

DOB: (if under 18yrs or age) EMAIL: :.....

CLASS/ES ENROLLED:.....DEPOSIT/FULL AMOUNT PAID \$.....

Terms and Conditions include:

Class fees to be paid within first 2 weeks of term or casual fee will apply. This condition may be altered at the discretion of the Director.

No refunds except at the discretion of the Director. All fees are non-transferable and non-refundable.

Missed classes to be made up within current term unless by special arrangement with instructor.

Classes are held on public holidays unless otherwise advised.

Safe Dance Practice is essential. **ALL** students **must** warm up and stretch before class and cool down and stretch after class to avoid injury.

Students must advise the teacher of any current or previous medical condition or injury that may adversely affect their participation in class – particularly neck, back or knee problems.

In the event a student has suffered or is suffering from any health problem it is their responsibility to be cleared for class by a medical practitioner or appropriate health professional before continuing with classes.

All students participate at their own risk to injury.

While the Teachers have taken every care to make the class a safe environment and will make every effort to practice and instil safe dance techniques, it is also the responsibility of the students to adhere to this practice.

No responsibility will be taken by the teachers or the school for any injuries sustained by students.

I agree to the above terms and conditions.

I acknowledge that I have read and understood the above terms and conditions.

I understand that I participate in classes at my own risk and I agree not to make a claim professionally and/or personally against the practitioners of the school or the school itself.

I confirm that I have no known medical condition or injury that will affect my participation in class.

..... Date:.....

Signature of student or
Parent/guardian.