

\*Student's Signature:

## **2018 Adult Class Enrolment Form**

\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

PERFORMANC	E CENTRE	Ph	one: 0433 124 068 • Em	ail: info@evo	olutionpc.com.au		
*Students Name:							
*Emergency Contact:	Name		Relationship		Number		
Address:							
Suburb:					Postcode:		
*Phone:	(M)		(H)		(W)		
*Primary Email Address:				<u>'</u>			
Date of Birth:		Age:					
Classes Enrolling:							
DAY	TIME	TIME AGE GROUP CLA		ASS NAM	ASS NAME COST		
				TOTAL C	CLASS COST		
				TOTAL	LASS COST		
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IMPORTANT – PLEASE SIGN E							
I acknowledge that all information illness, personal injury or adverse course or programmy child under	change in me	edical condition or state of	health arising directly o	or indirectly fr			
l acknowledge that refunds are n further acknowledge that Evolutio does not include refunding misse	n Performance	e Centre will offer amicable					
l have explained to my child/child of my child's conduct and actions Performance Centre property and,	whilst at Evol	ution Performance Centre.	I understand that I will b	be financially i	responsible for any da		
l acknowledge that Evolution Per whilst participating in the Evolutio Evolution Performance Centre usi to Evolution Performance Centre a to entire copyright and sole owner	n Performance ng my and/or i and other aspe ship of such in	Centre program, concerts my child/children's images cts of the Evolution Perfor	and related activities and in any promotion, adver	d consent to the rtisement or a	his. By signing this for ny other materials or	rm, I also consent to activities in relation	
*Student's name (please p	rınt):						