



STUDENT TRIAL FORM 2023

NAME	DOB
ADDRESS	
PHONE NO:	SEX
PARENT'S NAME	EMAIL
WHICH OTHER DANCE SCHOOLS HAVE YOU ATTENDED PREVIOUSLY & WHAT STYLES?	HOW DID YOU HEAR ABOUT US?

CONSENT TO MEDICAL ATTENTION

KNOWN MEDICAL CONDITIONS

I authorize the teacher in charge of the class and where impractical to communicate with me, I consent to the child receiving medical treatment as may be deemed necessary and I will be liable for any cost incurred. I fully understand that there is a risk involved in participating in this event and as a result injury may occur.

SIGNED _____ DATE _____

I acknowledge and give permission that: The above-mentioned student/s may be photographed, filmed and/or otherwise recorded during the course of the event attended. I agree that images may be used for promotional material either on the world wide web, newspapers or television. Any image published online can be copied & redistributed without any acknowledgement required by me or the person that uploaded it. Once published, ADA will not be able to delete images if consent is withdrawn after publishing.

I fully understand and agree to the terms and conditions supplied to me and / or on behalf of my children.

SIGNED _____ DATE _____

" SPECIALISTS IN ACROBATICS "

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