



Bradford Dance Academy
www.bradforddanceacademy.com.au
 ABN: 28 371 336 658

REGISTRATION FORM / AGREEMENT

Name(s):

Address:

Suburb **P/C** **Phone:**

Age: **Date of Birth:** **Emergency:** (number / name)

Email: (only used for email newsletters)

I would like to enroll in the following class(es): (Please fill out table below)

Tick	Name of class	Class fee \$ / week	Total cost \$
	Registration Fee	40.00 per year (covers insurance)	
	Hip Hop	17.50	
	Tap	17.50	
	Ballet	17.50	
	Pointe	17.50	
	Contemporary	17.50	
	Cheerleading	17.50	
	Drama	17.50	
	Stage Class	17.50	
	Private	25.00 (w/pkg) or 35.00 (w/o pkg)	
	Parents Class	15.00	
	Littlies Ballet	* 1 Littlies Class 15.00	
	Littlies Hip Hop	* 2 Littlies Classes 17.50	
	Littlies Tap	* 3 Littlies Classes 20.00	
	Tiny Tots Fun-Time	15.00	
	Package 1 (any 2 classes)	25.00	
	Package 2 (any 3 classes)	30.00	
	Package 3 (any 4 classes)	40.00	
	Package 4 (any 5 or more classes)	50.00	
	Late Payment Fee* / Discount*		
		Total Fees (please fill in total)	\$

Please list your dances that you are doing.

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Previous dance or theatrical training? (if any)

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Do you suffer from any illness or disability? (Physical or intellectual)

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I wish to enroll myself/son/daughter to join and dance with The Bradford Dance Academy at my own risk, and that B.D.A. it's servants, agents, instructors and other trainees will not accept any responsibility whatsoever for accidental death, personal injury or loss or damage to property which may arise directly or indirectly from class before, during or after class or competitions and performances with or for B.D.A., and I hereby indemnify and save harmless the said B.D.A. in it's capacity as owner, occupant or lessee of any training premises, it's servants, agents, instructors and other trainees against and from all or any actions, suits or claims and demands whatsoever which I/my son/ daughter may for these presents otherwise have had.

Signed, sealed and delivered this.....day of.....20.....

Signature of applicant OR Signature of parent (if applicant is under 18 years)

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Signature of witness.....

Source of Inquiry..... Office use: Registration Fee: Paid / Not Paid