**Bella Body & Soul Child Enrolment Form**

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| **Students Name**: |
| **Students Address**: |
| **Students D.O.B**: **Age**: |
| **Students Contact Number**: (Hm)                                            (Mob) |
| **Parent/Students E-mail Address** (for newsletters & important information): |
|   |
| **Parent /Students Facebook Profile Name or Messenger** (for group chats): |
| **\*(If you are not on Facebook please download Messenger App; find Bella Body & Soul or Renee Sloan)**  |
| Classes Attending: |
| Has the student had any related experience in dance in the past? Yes[ ] No[ ] |
| Details: |
| **Does your child currently attend classes or is a member of another dance school?** Yes[ ] No[ ] |
| Mothers/Guardian 1 Name: |
| Mothers Home Address: |
| Mothers Contact Number: (Wk)                                  (Hm)                                            |
| (Mob) |
| Fathers/Guardian 2 Name: |
| Fathers Home Address: |
| Fathers Contact Number:  (Wk)                                   (Hm)                                            |
| (Mob)  |
| Person responsible for paying fees: |
| **Two Emergency Contacts other than the above contacts permitted to collect:**  |
| (1) Name:                                                             Relation:                                             |
| (Ph) |
| (2) Name:                                                             Relation:                                             |
| (Ph) |
| **Has the student any medical history, injuries, surgery, allergies, conditions, additional needs that Bella Body & Soul should be aware of? (such as asthma, bees, bad back, epilepsy/seizures, autism, ADHD, Diabetes, SPD, anaphylaxis etc) Yes[  ] No[  ] please specify and what action to be taken**  |
|   |
| **Does the student need to take medication?** Yes[  ] No[  ] please specify what types and dosage  |
|   |
| Bella Body & Soul are legally unable to administer first aid without parental consent. In an event of an emergency, would you like your child to receive first aid? Yes[  ] No[  ] please sign below **Parents name**: **Parents signature**: **Medicare no: Ref : Expiry: Ambulance Cover no: If you have answered yes to any of above a doctor’s or other allied health professionals recommendation/action plan or medical, clearance is required and we will discuss what adjustments will be needed to be made. Should your child suffer from any illness, injury or condition in the future, please advise the instructor on arrival of class.** |

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM Name of the Activity or Event**: Bella Body & Soul Dance lessons **Date of Activity or Event**: I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared and must follow instructions or rules relating to Bella Body & Soul for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organisers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability

arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury,

property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Bella Body & Soul, Renee Sloan and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that the Bella Body & Soul, Renee Sloan and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the Bella Body & Soul.

I acknowledge that this activity or event may involve a test of a person’s physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident,

and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the

maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

The undersigned and natural guardian does hereby represent that he/she is, in fact acting in such capacity, has consented to his/her or ward’s participation in the activity or event, and has agreed individually and on behalf of the child or ward, to terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because they defect.

**Print Participant’s Name** (Child’s name): **Age**:

**Signature:**

(If under 18 years old, Parent or guardian must also sign)  **Date**:



**Bella Body & Soul**

**TERMS AND CONDITIONS**

I agree to abide by the fee terms and conditions: to pay a non-refundable registration fee prior to first class and class fee payment by the term fee policy or if applicable prior to commencement of each class and that there are NO REFUNDS on any payment or for missed classes or make up classes (if classes are missed due to the studio payment will go towards next term).

If fees are not paid prior to each class my child/ren will be unable to attend class unless I (parent) have made suitable arrangements with the teacher to organise payment.

I am required to abide by the terms & conditions set out by Bella Body & Soul and I the parent/ guardian have received and read Terms of Conditions/Code of Conduct/Uniform requirements and explained it my child/ren and agree to abide by the codes of conduct(located on website). By signing the Accident waiver and Release of liability form you are giving consent for Bella Body & Soul to use photographs and/or video footage of the dance student for promotional purposes e.g. website, newspapers, events, or shopping centres (please note: individuals will not be named unless permission has been granted from parent/guardian). Original photographs/videos taken by staff are held securely at the postal premises of Bella Body & Soul. Bella Body & Soul’s instructor will guide your child into exercises at which are suitable to their own ability & concentration.

I agree to supervise my child/ren whilst on the premises and understand no outdoor play is permitted and agree to pay for any damages/breakages that may occur.

I understand that Bella Body & Soul will not be held responsible for any injuries which may be sustained whilst in class or on the premises, but will seek medical attention for your child immediately if needed.

 I understand to provide adequate dance tuition it is necessary for dance teachers to guide student movement, which may require physical contact.

During the period of participation within Bella Body & Soul, I understand that it is the responsibility of the guardian or student to advise Bella Body & Soul of any changes to any personal circumstances/information.

**Name**: **Signature**: **Date**:

Witness Name: Renee Sloan Signature: Date: