

A-Live - Registration Form - 2016

Students Name:.....

Age:.....D.O.B.....

Address.....

Parents name:..... Number:

Parents email address:.....

Medical conditions/allergies:.....

How did you hear about us?:.....

Would you like to pay UP FRONT or via EZIDEBIT?:

Please circle your child's age group (Please ask A-Live staff first):

Mini Movers **Pre Junior** **Junior**
Pre Teen **Pre Senior** **Senior** **Adults**

Please tick the classes you would like to participate in referring to the timetable for days and times for your age group.

Jazz		Contemporary	
Tap		Singing	
Hip Hop		Drama	
Ballet (Monday/Tuesday)		Acrobatics	
Ballet (Wednesday)		All Boys Class	
Musical Theatre		Open Choreography	
Stretch and Technique		Other:	
Pointe		Performance Group	

I..... give permission for A-Live Performing Arts Centre Pty Ltd to use any photo/video footage taken at or in connection with performances, classes or appearances representing 'A-Live Performing Arts Centre' of my child/ward for promotional and marketing purposes. These images could be but are not limited to A-Live Performing Arts Centre media pages and website. I also understand and except that the A-Live studios are monitored and recorded by surveillance cameras for the safety of all clients and staff. I have also read and agree to abide by all of the terms listed on the A-Live 'Rights and Responsibilities' form.

.....Date.....