

A-Live - Registration Form – 2018 – Wagga Wagga

Students Name:.....

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

Address.....

Parents name:..... Number:

Parents email address:.....

Medical conditions/allergies:.....

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

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

- | | | |
|---------------------|-------------------|---------------|
| Mini Movers | Pre Junior | Junior |
| Intermediate | Senior | Adult |

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

Jazz	<input type="checkbox"/>	Stretch and technique	<input type="checkbox"/>
Tap	<input type="checkbox"/>	Highland	<input type="checkbox"/>
Hip Hop	<input type="checkbox"/>	Acrobatics	<input type="checkbox"/>
Ballet – day/s	<input type="checkbox"/>	All Boys Class	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>	Singing	<input type="checkbox"/>
Musical Theatre	<input type="checkbox"/>	Drama	<input type="checkbox"/>
Performance Group	<input type="checkbox"/>	Zumba	<input type="checkbox"/>
Contemporary	<input type="checkbox"/>	Other	<input type="checkbox"/>

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 Performing Arts Centre - Rights and Responsibilities’ form.

.....Date.....