BALLET CLUB ENROLMENT FORM

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| Child’s Name: |  |
| DOB: |  |
| Parent/Guardian Name: |  |
| Tel: |  |
| Mobile: |  |
| Email: |  |
| Address: |  |
| Any previous dance experience: |  |
| Emergency Contact:  Name  Relationship  Contact Number |  |
| Any medical conditions:  Allergies/Epi Pen:  Permission to provide first aid: | Yes No |