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:NameRelationshipContact Number |  |
| Any medical conditions:Allergies/Epi Pen:Permission to provide first aid: |  Yes No |