

Cowboys & Angels Dance Academy

Enrolment Form 2021

Name: _____

Address: _____

Email: _____

Age: _____ DOB: _____

Phone: _____

Mobile: _____

Medical Conditions: _____

Ambulance Cover: YES / NO

Parent Guardian Details:

Name: _____

Emergency Contact No: _____

Address (if different from above): _____

Enrolment fee (\$20) Paid: _____

Photo Release Form:

I grant to Cowboys and Angels Dance Academy, its representatives and employees the right to take photographs of me/my child. I authorize Cowboys & Angels Dance Academy to use and publish the photographs in print and/or electronically for purposes such as publicity, illustration, advertising and web content.

I have read and understand the above:

Signature: _____

Printed Name: _____

Date: _____

Signature or parent or guardian (if under the age of 18):
