

∞ HUNTER SHIMMY SISTERS ∞

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Enrolment Form

Term: _____ Year: _____

Student Name: _____

Name of Parent/Guardian if under 18: _____

Home Phone: _____ Mobile: _____

Address: _____

Email: _____

How often do you check email? (Please circle) Every day Twice a week Once a week Less

Emergency Contact Name: _____

Relationship to student: _____

Phone: _____

Any health info I should know about: _____

I DO/DO NOT give permission for video and/or photos of myself/my daughter to be displayed on the Hunter Shimmy Sisters website (names will not be used).

I DO/DO NOT give permission for video and/or photos of myself/my daughter to be displayed on the Hunter Shimmy Sisters Facebook page.

SAFE DANCE - Although I practice safe dance techniques, participation is at your own risk.

Signed: _____ Date: _____