

How did you find out about ZUMBALates at Kreationz? _____

STUDENT DETAILS

Name: _____ Surname: _____

Postal Address: _____

Suburb: _____ Postcode: _____

Phone (home): _____ Mobile: _____ DOB: _____

Email address: _____ Gender: _____

MEDICAL HISTORY

Please list any medications, medical conditions and/or allergies: _____

Do you currently have an injury or have you ever injured or suffered pain in any of the following areas:

- Ankles/Feet Knee Hamstring Groin Hip
 Back Neck Hands/Wrists Shoulder Other

If you have ticked any of the above boxes, please give details: _____

EMERGENCY CONTACT DETAILS

Contact Name: _____ Phone (home): _____

Relationship to Student: _____ Mobile: _____

PARENT/GUARDIAN DETAILS (if under 18 years of age)

Parent/Guardian Name: _____

Mobile: _____ Email Address: _____

Please list any additional days and times you would be interested in attending either a ZUMBALates class or any other dance style i.e. Tap, Jazz, Ballet

Day	Time	Dance Style	Age Group

RELEASE OF LIABILITY

I, the undersigned, represent and warrant that the participant is in good physical condition and does not suffer from any known disability or medical condition which would prevent or limit their participation in this exercise program; or that will be detrimental to their health if they participate in this activity. I agree that any activities in which the above mentioned student participates is entirely at the participant's own risk. I release and hold harmless Kreationz - School of Cheerleading and Dance, its owners, operators and teachers from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned including property, while in or upon the premises or any premises under the control and supervision of Kreationz - School of Cheerleading and Dance, its owners, operators and teachers or in route to or from any of said premises.

FIRST AID AND MEDICAL EMERGENCY RELEASE

In junction with government health policies, Kreationz – School of Cheerleading and Dance are not legally able to administer first aid without your or parent/guardian consent (for students under the age of 18 years old). No medication, including Panadol, will be administered to any student at any time.

In the event of an injury or accident, I, the undersigned, give permission to Kreationz – School of Cheerleading and Dance, its owners, operators and teachers to seek medical treatment for the participant in the event they are not able to reach a parent or guardian.

PHOTO AND IMAGE RELEASE

I acknowledge that Kreationz – School of Cheerleading and Dance has disclosed to me that the above mentioned student may be photographed, videoed, filmed or otherwise recorded whilst participating in classes, performances and activities and consent to this. I hereby give permission for Kreationz – School of Cheerleading and Dance to use the participants image/s in any promotion, advertisement, newsletter, website, video or other material or activities taken during dance activities and performances and agree that Kreationz – School of Cheerleading and Dance is entitled to entire copyright in and sole ownership of any such images.

Participant/Parent/Guardian Signature: _____

Date: _____