

2017 ENROLMENT FORM

Name: _____

Age in 2017: _____ Birth date: _____

Address: _____

Athletes mobile number: _____

Mothers mobile number: _____

Fathers mobile number: _____

Home number: _____

Email address: _____

(must be an email address that is checked weekly)

Allergies, illnesses or injuries we should be aware of: _____

Please read the following:

1. I understand that all missed lessons must be paid for regardless of attendance.
2. I understand that 2 weeks notice must be given if your child is not returning to E.O.D
3. I understand that I cannot change/cancel classes in term 4.
4. I understand that lesson fees must be paid upfront of weekly by direct debit.
5. I understand that negative comments directly or indirectly aimed at EOD staff, coaches, athletes etc. are not to be posted on social media.
6. I understand that there are **NO REFUNDS** on competition fees, uniforms, choreography, Nationals or music fees.
7. I give permission for my child' s photographs to be used for promotions and advertising on social media.

I _____ agree to abide by the policies above whilst enrolled with E.O.D Allstars. Date: _____

Signature: _____