

**NATIONAL THEATRE BALLET SCHOOL**  
**JAZZ / TAP ENROLMENT FORM 2018**

**STUDENT DETAILS**

SURNAME: \_\_\_\_\_ Given Names: \_\_\_\_\_ D.O.B: / / Age: \_\_\_ M/F

**PARENT & BILLING DETAILS**

SURNAME: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

PostalAddress: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone - Business: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

**DETAILS OF DANCE TRAINING**

Previous Ballet School: \_\_\_\_\_ Principal: \_\_\_\_\_

Classes taken: \_\_\_\_\_

Syllabus studied: \_\_\_\_\_ Level being studied: \_\_\_\_\_

Last examination taken: \_\_\_\_\_ Level: \_\_\_\_\_ Date: \_\_\_\_\_

**FEES INFORMATION**

***\*All Fees MUST be paid by the first week of Each Term***

**Please Tick Appropriate Class/es:**

Pre Intermediate Jazz (9-11 years) Thursday 4.30pm – 5.30pm

Intermediate Jazz (12 years +) Thursday 5.30pm – 6.30pm

Beginner Tap Saturday 1.00 – 2.00pm

Junior Tap Saturday 2.00-3.00pm

Elementary Tap Saturday 3.00-4.00pm

**Total Hours:** \_\_\_\_\_

**OFFICE USE ONLY: Total Cost:** \_\_\_\_\_

Students under 18 years of age must obtain the signature of a parent or guardian

I, the undersigned \_\_\_\_\_ parent/guardian of the above mentioned student, agree that he/she shall enter the National Theatre Ballet School, and I undertake to reimburse the school for any monies due from him/her in the event of default.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**INDEMNITY PROVISION**

I/We agree

1. That the school accepts no responsibility or liability whatsoever to any injury sustained by students in the normal course of instruction and this will include form time to time taking part in dance performances with the National Theatre Ballet School at the National Theatre and other venues.
2. To authorize the school to obtain emergency treatment for any injuries sustained by students, howsoever caused, whenever the school at it's discretion sees fit
3. To indemnify the school any costs incurred in obtaining such emergency medical treatment for injuries sustained by the students.
4. Authorise the school to use any footage or photo taken during the students enrolment or thereafter at the National Theatre Ballet School in any marketing or advertising material.

SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian

Applicant

National Theatre Ballet School – Tel: 03 9534 0224 – [ballet@nationaltheatre.org.au](mailto:ballet@nationaltheatre.org.au)

The National Theatre observes the provisions of the Commonwealth Privacy Act 1988 (amended 2001). For further information visit [www.privacy.gov.au](http://www.privacy.gov.au).