ON POINTE BALLET STUDIO ENROLMENT FORM

First name of pupil:	Surname:
Name of parents: Mother	Father:
Pupil's date of birth: Address:	Age:Id no Student
	Email
Telephone number: (H):	
Mother: (W):	Cell:
Father (W):	Cell:
Information on pupil	
Has the student ever had:	
1. Heart problems Yes/No	2. Severe blackouts/dizziness Yes/No
3. High blood pressure Yes/No	4. Low blood pressure Yes/No
5. Bone problems Yes/No	6. Scoliosis of the spine Yes/No
7. Diabetes Yes/No	8. Asthma Yes/No
9. Broken bones Yes/No	If yes specify
10. Any other ailment or injury, please specify	

APPLICATION AND INDEMNITY

I hereby apply to participate/apply for my child to participate of my own free will in Riette Odendaal's Ballet Studio's classes. I indemnify and exonerate the Ballet School and Riette Odendaal of any liability with regard to any injury, be it temporary or permanent, sustained by me/my child doing the exercises or any after effects that might occur.

<u>I also undertake to pay fees by their due date as stipulated and I will give a minimum of one</u> months notice if I/my child want to discontinue dancing lessons.

Signed _____ (by parent of guardian if under 21 years)

Date:

Banking details: R. Odendaal, ABSA Savings Acc: 9075807080