

STUDENT INFORMATION, AGREEMENT & MEDICAL ALERT

CONTACT INFORMATION

Student Name:

Student Phone:

* Parent/Guardian:

* Parent/Guardian Phone:

* For Students under 18

Email:

EMERGENCY CONTACT

Name:

Phone:

Relationship to Student:

ATTENDANCE AGREEMENT

I / My Child _____ (name of student) will be participating in classes and workshops with Ghawazee Moon Bellydance from 20____.

For the duration of my /my child's participation in classes, courses, workshops, performances and other events organized by Ghawazee Moon Bellydance,

I authorise the dance instructor to obtain medical assistance as may be deemed necessary.

I agree that I / my child may receive emergency medical treatment, including first aid, and agree to meet any associated medical expenses, including ambulance.

I acknowledge, by signing, that I /my child may be photographed or videoed at performances by the media, members of the public, and photographers/videographers engaged by Ghawazee Moon Bellydance.

I understand that performance images may be used by event organisers and Ghawazee Moon Bellydance for promotional purposes.

I agree to pay term fees by week two of the term or as otherwise arranged with the school, and understand that late payments will attract a late fee.

SIGNED: _____ DATE: _____

MEDICAL ALERT

 Epilepsy

 Blurred Vision

 Allergies

 Nosebleed

 Fainting

 Diabetes

 Needs Glasses

 Asthma

 Anaemia

 Concussion

Please indicate and describe any other medical conditions of which we should be aware. If you suffer from asthma, allergies or any other condition that requires an action plan, please inform us before you commence classes, and provide the school with a copy.

This information is collected for administrative purposes only.
Your information will not be released to, or shared with, a third party.