



APPLICATION FOR REGISTRATION

STUDENTS DETAILS

Surname: Given Name:
DOB: Grade at School:
Address: Suburb:
T-shirt Size: Childs 6 8 10 12 16 Phone: (h)
Adults S M L XL 2XL 3XL (m):

Email you wish invoices / newsletters to be sent to: (please print clearly)

Any illnesses or injuries which may effect student in class (such as asthma):

Please write the name, day and times of the class(es) you are enrolling in:
Class Name: Class Name:
Class Name: Class Name:
Class Name: Class Name:

Please complete following if student is under 18 years

Parents Details:

Name: Name:
Home / Mobile: Home/Mobile:
Work ph: Work ph:
Alternative contact (in case of emergency):
Name: Phone:
Name of person paying account:

Are you happy to have your child appear on Studio42 promotional material? This includes Social Media such as Facebook, Instagram, YouTube. Yes / No (please circle)

I agree to the Terms & Conditions of enrolment, including those pertaining to accounts & notice of leaving.

Parents Signature: