

Slipstream Circus Enrolment Form 2016



Enrolment & Class Choices

	Class Name	Class Day
Term 1		
Term 2		
Term 3		
Term 4		

Participants Details

Name		Date of birth	
Address		Age	
City		Gender	
Post Code		Own email	
Home Phone		Own mobile phone	

Parent/Guardian & Emergency Contact Details

Parent/Guardian Contact			
Name		Home Phone	
Relationship to participant		Mobile Phone	
Email			

Parent/Guardian Contact			
Name		Home Phone	
Relationship to participant		Mobile Phone	
Email			

Additional Emergency Contact			
Name		Home Phone	
Relationship to participant		Mobile Phone	
Email			

Friend & Sibling Details

Does the participant have friends or siblings at Slipstream? This information will be taken into account when sorting classes and billing (siblings receive 10% off the lower of their class fees).			
Name of friend or sibling		Class at Slipstream	
Name of friend or sibling		Class at Slipstream	
Name of friend or sibling		Class at Slipstream	

Medical Details (please attach any relevant information, actions plans or special requirements)

Injuries or physical conditions (reoccurring sprains/fractures, arthritis, scoliosis etc.)	
Medical conditions (heart murmur, haemophilia, allergies, asthma, epilepsy, diabetes etc.) etc.)	
Learning disabilities (ADD, ADHD, ASD etc.) *Please see trainers or General Manager if a learning disability is present*	
Physical impairment (visual, speech or hearing impairment etc.)	
Other	

Photograph Permission:

Please tick for permission to photograph and film for training and promotional purposes	
If not, please state why:	



Volunteer Options (please tick any of these options that you may be able to assist with)

Committee member:			
Rigging		Cleaning volunteer	Handyman skills
Costume making		Management advice	Filming/photography
Assistance at events		Financial advice	Links to other community organisations
Volunteer driver		Accounting advice	Web design skills
Writing skills		Legal advice	Graphic design skills
IT skills		Wood/metalwork skills	Other (please state below)

NOTE: For Showtime you need to have a working with children check. Please get your check online and pay at Service Tas because we need your help that week!

Other information:

NOTE: By signing you agree to the following:

1. If the participant suffers from **asthma**, I understand that they must carry and administer their own asthma medication.
2. I give permission for Slipstream staff to apply **band aids, bandages and cold packs** for the treatment of minor injuries if necessary. Please state reactions to Band-Aids etc. above.
3. In the event of a serious injury or medical crisis, I give permission for Slipstream to **call an ambulance** to take the participant to hospital and to undertake to pay for the cost of any medical treatment required.
4. The nature of Slipstream Circus Inc. and its "**Behaviour Management Policy**" is understood and I am willing to allow participation knowing and accepting that Slipstream Circus Inc. ensures that all activities are carried out responsibly and with attention to safety.
5. I understand that Slipstream does **not accept liability** for any injury, loss or damage sustained during the course of; or associated with any Slipstream classes or activities.
6. I understand that **fees** are still required if the participant is enrolled yet **does not attend** classes.
7. Participants are to bring a **water bottle** and should wear **comfortable clothing** that allows easy movement, tie long hair back and remove jewellery No jeans, skirts, watches, belts, buckles or zips.

Payment of Membership and the return of this form is a requirement before class may be attended. Term Fees payment is to be made by the second week of Term.

Payment Methods:

Method	Option Explanation	Details
1. Electronic transfers: - Internet banking - Bank Deposit	<ul style="list-style-type: none"> • Only possible to pay the full amount at once (insurance and term fee). • Reference number as referral is a must! Preferable also mention name child. • Pay within 2 weeks of start classes. 	Slipstream Circus Inc Bank: B & E BSB: 632 001 Account No: 1000 587 67 * Per week overdue, there will be a surcharge of \$5 per week!
2. Split payment option: - Internet banking - Bank Deposit	<ul style="list-style-type: none"> • The first payment is due the Monday after the first week • You split the payment in 3 and add \$0.5 per payment • You pay that same date 3 times (monthly) 	Slipstream Circus Inc Bank: B & E BSB: 632 001 Account No: 1000 587 67 * Per week overdue, there will be a surcharge of \$5 per week!

* There won't be an option to pay with cash or cheques. If you can't pay in the above methods, please email or come and see the General Manager.

Signing: (By signing this consent form you are agreeing to the terms and conditions stated)

Signed: _____

Date: _____