



25 Buckingham Drive, Wangara 6065

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TRIAL CLASS WAIVER

STUDENT INFO

STUDENTS Full Name:

DOB:

Preferred Name:		
Gender:	Age of Jan 2024:	
Medical Information (allergies, previous injuries, etc.):		
Classes Tried:		
Date of Trial:	Level Recommendations (To Be Completed BY STAFF after trial class)	

GUARDIAN INFO

Name:

MS MISS MRS MR

Relationship to Child:	
Main Contact #:	Contact # 2:
Email:	
Alternate In Case of Emergency Contact:	

I/we understand that participation in classes and activities can contain possible risk of personal injury. I/We understand that staff will take all measures of precaution, though accidents and injury may occur. By signing this release form, i/we (the parent/guardian and dancer) acknowledge that dancing without enrolling in classes I am not registered for dance insurance under Smash Dance Company and that Smash Dance Company is released from any injury that may occur within my Trial Period at Smash Dance Company.

I/We agree to release Smash Dance Company, including staff members, dancers & facility's, form any cause of action, claims or demands now or in the near future in relation to my trial period. I/We will not hold Smash Dance Company liable for personal injury or any personal property loss/damage, which may occur on the premises of Smash Dance Company. Further more, I/we agree to obey the class and company rules and take full responsibility for my/our behavior and any damage i/we may cause to others or the facilities utilized within my time at Smash Dance Company.

I/we understand that SMASH DANCE COMPANY is a licensed and insured organization with qualified staff.

In the event that I/we should observe any conduct or conditions that I/we deem unsafe, before/during or after my/our class, I/we agree to report to the Director, Instructor or other staff member immediately.

Should injury occur, I give permission for first aid trained staff to attend to myself/my child.

Parent/Guardian NAME :

Date:

SIGN: