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## 2012 Enrolment Form

### STUDENT DETAILS

Student Name: Given Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: DD/MM/YYYY: \_\_\_\_\_ Age Last Birthday: \_\_\_\_\_

Dance Experience: Previous Experience: \_\_\_\_\_

Education Details: Name of School: \_\_\_\_\_ Year at School: \_\_\_\_\_

Other Activities: Other Activities/Sports Undertaken: \_\_\_\_\_

Current Commitment Level:  *Once a Week*  *Twice a Week*  *Other (provide details)*

Major Events Associated with these Activities in 2012 (provide dates & details): \_\_\_\_\_

### PARENTS/GUARDIANS DETAILS

Names: Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Primary Carer(s):  *Mother & Father*  *Mother*  *Father*  *Other*

Details of 'Other': Name and Relationship: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: COMPULSORY FOR ALL P2P COMMUNICATIONS: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS (OTHER THAN PARENTS/GUARDIANS)

Name(s): \_\_\_\_\_

Contact Numbers: Home/Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

### OTHER RELEVANT INFORMATION

Do you have any other relevant information you would like to share (ie. personal circumstances, significant periods of absence, etc.):

\_\_\_\_\_

### PLEASE SIGN AND DATE BELOW TO ACKNOWLEDGE THAT:

- The information provided on this Enrolment Form and the Medical History Form is true and correct
- You have completed the attached Medical History Form and 2012 Classes I am Enrolling In Form
- You have read, understood and will abide by Pointe2Pointe's Disclaimer, Code of Conduct, Fees Policy and Dress Code
- NOTE: Breach of the above requirements, or of any requirements specified in the Information Pack may result in immediate cancellation of your enrolment

Primary Carer: Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student (18 yrs +): Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**privacy policy:** All information collected for and on behalf of Pointe2Pointe and its Director will be securely maintained by the organisation. Your information will be managed in accordance with the Privacy Act and will not be accessible to other parties other than as required by law.



# 2012 Medical History Form

## STUDENT DETAILS

Student Name: Given Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

## MEDICAL HISTORY

Do you have any Allergies:  No  Yes (provide details)

What Treatment is Required: \_\_\_\_\_

Do you have a current Medical Condition:  No  Yes (provide details)

What Medications/Treatments are Required: \_\_\_\_\_

Do you have any current or previous Injuries:  No  Yes (provide details)

What Medications/Treatments are Required: \_\_\_\_\_

Have you ever experienced a Fracture/Dislocation:  No  Yes (provide details)

Have you ever experienced a Head/Neck/Spinal Injury:  No  Yes (provide details)

Do you experience recurring Joint Pain with movement:  No  Yes (provide details)

Do you wear Glasses/Contact Lenses:  No  Glasses  Contact Lenses (soft or hard)

Do you, or have you ever had any of the following Conditions:	Epilepsy	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach Treatment Plan)
	Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach Treatment Plan)
	Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach Treatment Plan)
	Other Breathing Difficulties	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach Treatment Plan)
	Heart Difficulties	<input type="checkbox"/> No	<input type="checkbox"/> Yes (attach Treatment Plan)
	Concussion	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Hernia	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Hepatitis A or B	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Cancer	<input type="checkbox"/> No	<input type="checkbox"/> Yes

## OTHER RELEVANT INFORMATION

Do you have any other relevant information you would like to share:  
 \_\_\_\_\_

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