



AVALON CIRCUS  
ACADEMY  
NEWCASTLE

# ENROLMENT FORM

## STUDENT DETAILS

SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

D.O.B: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

## CONTACT DETAILS

Please provide your contact details below

CONTACT NO. : \_\_\_\_\_

EMAIL: \_\_\_\_\_

In the case of an emergency it is important that we are able to contact another person if the above is unreachable. Please provide details of an emergency contact below.

NAME: \_\_\_\_\_

CONTACT NO. : \_\_\_\_\_

## MEDICAL HISTORY / ALLERGIES

Does this student have any medical conditions, allergies or ongoing injuries that Avalon Circus Academy should know about? If so please provide details.

## MEDIA RELEASE CHOICES

**PLEASE CIRCLE**

**I GIVE / DO NOT GIVE** permission for the use of photos or videos of the participant for Avalon Circus Academy or Circus Avalon promotional material.

**I GIVE / DO NOT GIVE** permission to use the students name in photo or video promotional material

### DISCLAIMER

**PLEASE READ**

Avalon Circus Academy trainers will carefully guide your child through circus activities, but cannot guarantee total safety. Circus activities involve some personal risk that may result in injury. I accept responsibility for any injury which may occur. I give permission for an ambulance to be called if considered necessary. I understand and agree that my instructor(s), riggers or contractors may not be held liable for injury. I understand that to teach circus skills may require physical help which may require physical contact. I understand that term fees must be **fully paid by week two** of term. (Unless specified). My email addresses and related may be used to send emails about Avalon Circus Academy. I have **completed this form fully** and correctly.

For full Terms & Conditions you can visit [circusacademy.com.au/terms-conditions](http://circusacademy.com.au/terms-conditions) or ask us for a paper copy.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_