

Tiny Devils Enrolment Form

Term 4, 2017 – Moorabbin



Student's Name _____ Date of Birth _____

Parent/Guardian _____ Post Code _____

Phone _____ Email _____

How did you find out about Tiny Devils? _____

Please remember to keep us informed of any new or existing medical conditions.

Please enrol me for 11 weeks:

- | | | | |
|--------------------------|-----------------------|---|-------|
| <input type="checkbox"/> | WED 9.30am – 10.20am | (Wed 11 th Oct - Wed 20 th Dec) | \$187 |
| <input type="checkbox"/> | WED 10.40am – 11.30am | (Wed 11 th Oct - Wed 20 th Dec) | \$187 |
| <input type="checkbox"/> | THU 9.30am – 10.20am | (Thu 12 th Oct – Thu 21 st Dec) | \$187 |
| <input type="checkbox"/> | THU 10.40am – 11.30am | (Thu 12 th Oct – Thu 21 st Dec) | \$187 |
| <input type="checkbox"/> | FRI 9.30am – 10.20am | (Fri 13 th Oct – Fri 22 nd Dec) | \$187 |
| <input type="checkbox"/> | FRI 10.40am – 11.30am | (Fri 13 th Oct – Fri 22 nd Dec) | \$187 |

CONSENT/INDEMNITY

I, _____ give my consent for _____

to participate in the Little Devils Circus Program. I understand that while Little Devils activities are carried out responsibly with full attention to safety, I am responsible for any medical costs that occur as a result of participating in the Little Devils circus program.

I also give permission for Little Devils to seek appropriate medical attention in the event that urgent medical treatment is necessary and understand that I will incur the cost of this treatment.

Signed _____ Date _____