

# Tiny Devils Enrolment Form Term 2, 2018



Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Post Code \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Email \_\_\_\_\_

How did you find out about Tiny Devils? \_\_\_\_\_

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

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## Please enrol me for 11 weeks:

- |                          |                        |  |       |
|--------------------------|------------------------|--|-------|
| <input type="checkbox"/> | *WED 9.30am – 10.20am  | (Wed 18 <sup>th</sup> April - Wed 27 <sup>th</sup> June) | \$170 |
| <input type="checkbox"/> | *WED 10.40am – 11.30am | (Wed 18 <sup>th</sup> April - Wed 27 <sup>th</sup> June) | \$170 |
| <input type="checkbox"/> | THU 9.30am – 10.20am   | (Thu 19 <sup>th</sup> April – Thu 28 <sup>th</sup> June) | \$187 |
| <input type="checkbox"/> | THU 10.40am – 11.30am  | (Thu 19 <sup>th</sup> April – Thu 28 <sup>th</sup> June) | \$187 |
| <input type="checkbox"/> | FRI 9.30am – 10.20am   | (Fri 20 <sup>th</sup> April – Fri 29 <sup>th</sup> June) | \$187 |
| <input type="checkbox"/> | FRI 10.40am – 11.30am  | (Fri 20 <sup>th</sup> April – Fri 29 <sup>th</sup> June) | \$187 |

\* Wednesday classes only 10 weeks, due to ANZAC day.

## 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 \_\_\_\_\_