

Tiny Devils Enrolment Form

Term 3, 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.

Please enrol me for 10 weeks:

- | | | | |
|--------------------------|-----------------------|---|-------|
| <input type="checkbox"/> | WED 9.30am – 10.20am | (Wed 18 th Jul – Wed 19 th Sep) | \$170 |
| <input type="checkbox"/> | WED 10.40am – 11.30am | (Wed 18 th Jul – Wed 19 th Sep) | \$170 |
| <input type="checkbox"/> | THU 9.30am – 10.20am | (Thu 19 th Jul – Thu 20 th Sep) | \$170 |
| <input type="checkbox"/> | THU 10.40am – 11.30am | (Thu 19 th Jul – Thu 20 th Sep) | \$170 |
| <input type="checkbox"/> | FRI 9.30am – 10.20am | (Fri 20 th Jul – Fri 21 st Sep) | \$170 |
| <input type="checkbox"/> | FRI 10.40am – 11.30am | (Fri 20 th Jul – Fri 21 st Sep) | \$170 |

* No public holidays this term.

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 _____