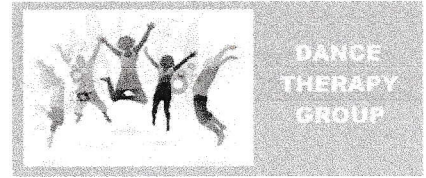


**DANCE THERAPY GROUP**



**Enrolment Form 2024**

Member Name CLARE NOWAK  
Street Address 40, ROBERTS STREET, OLD CROWAL BAY  
Postcode 2540 Suburb Old Crowal  
Phone (home) \_\_\_\_\_ (Mobile/Work) 0490347562  
Email Address (Please write clearly) clareoeb@gmail.com  
Date of Birth 21/8/62  
Emergency Contact Name John Relationship Friend  
Phone (home) \_\_\_\_\_ (Mobile/Work) 0428526340  
Medical Condition/Allergies (for emergencies) Nil

CN I wish to enrol in the dance sessions on Mon between 5:00pm and 6:15pm  
(Initials) (please arrive 4:30pm for 5pm start), at the Nowra School of Arts Annex,  
from 4<sup>th</sup> March to 16<sup>th</sup> December 2023(42 wks.) – Contribution: \$50.00

Must be completed, signed and submitted with membership contribution (\$50) before attending any group dance sessions of 2024. Bring to a group dance session, or post to: Raul Arregui, Dance Therapy Group Coordinator – Unit 6 / 73 Page Avenue, North Nowra NSW 2541

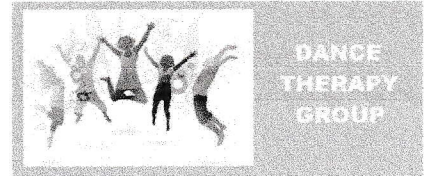
**ACKNOWLEDGMENT UNDERTAKING AND WAIVER**

1. I agree to ensure to be dressed appropriately for the relevant session, including shoes and other items required to enable full and safe participation in the relevant dance styles.
2. I acknowledge that I will participate in dance activities at my own risk, and neither the DANCE THERAPY GROUP nor its dance instructors will have responsibility or liability for any accident or injury that may occur.
3. I authorise the use of my images for promotional use. I also authorise my contact phone numbers and/or emails to be made available to other group members or organisations when necessary.
4. I authorise DANCE THERAPY GROUP to obtain and/or administer first aid or medical treatment. I undertake unconditionally to reimburse DANCE THERAPY GROUP on request for all expenses relating to such treatment.
5. I have read the Policy and Contribution information stated below. I also acknowledge that I am responsible for all Contributions, charges and expenses associated with the student's participation in dance sessions and related activities.

Signature [Signature] Date: 3/1/2024

My \$50.00 membership Contribution is enclosed; or  
 I have paid my \$50.00 membership Contribution via Bank Transfer (name as reference):  
BSB: 732083 - ACCT: 546781 - ACCT-NAME: R. ARREGUI

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