



OFFICE USE

ADULT REGISTRATION FORM

PARTICIPANT NAME: _____
First Last

PHONE: _____
Mobile Home

EMAIL CONTACT: _____

GENDER: _____ AGE: _____ SUBURB: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____

ARE YOU CURRENTLY ON ANY MEDICATION? _____

DO YOU HAVE ANY HEALTH CONCERNS (ALLERGIES, ILLNESSES, OR DISABILITIES (behavioural, learning or physical) THAT MAY REQUIRE ADDITIONAL ATTENTION?

HOW DID YOU HEAR ABOUT DARE DRAMA? _____

WHICH DARE STUDIO WOULD YOU LIKE TO ATTEND? _____

REASONS FOR ATTENDING? _____

PAYMENT OPTIONS:

Via bank transfer.
The account details will be sent to you in an invoice once we have received your registration form. For Adult Classes, full payment is to be received before the first class, unless a payment plan is in place.
Unfortunately no refunds for missed classes.