

# Term Classes Application Form

Full Name .....

Parent's names .....

Age ..... Date of birth .....

Email address .....

Home address .....

Home phone .....

Mobile phone .....

Emergency contact ..... Emergency number .....

Allergies? .....

If yes, please explain .....

Injuries? .....

If yes, please explain .....

## Term 1 Classes!

Wednesday 3rd February - Wednesday 31st March 2010

I will be attending:

Wednesdays 3:45 - 4:45 (Ages 4,5,6)

please tick

Wednesdays 5:00 - 6:00 (Ages 7,8,9)

Total for Term 1 = \$250

My brother/sister ..... is already a Froot Loop! Can I have my 10% discount please?

10% discount =

TOTAL =

### Payment Options

Cheque, Direct Deposit or Credit Card.

Please make cheques out to:

**Froot Loop Circus Skool**

Direct Deposit details:

Name **Nina Carew**

BSB **112 879**

Account No. **428 124 768**

Credit Card payments:

Cardholder Name

Credit card no.

Expiry date

Signature

### Indemnity Form 2010

Do you give permission for an ambulance to be called in the event of an emergency?

NO

YES (please circle)

I hereby agree and declare that should the participant be permitted to take part in any activities, circus related events at the premises of FrootLoop Circus Skool the participant do so entirely and absolutely at my own risk and I agree that the participant will not make any claim against FrootLoop Circus Skool or their teachers for or in respect of any loss or injury to property or person (including injury resulting in death) which the participant may suffer during the course of or in consequence of any activity, circus related event.

Signed by parent/guardian .....

I do / do not give (please circle) my consent for photographs of my child ..... , to be used for Frootloop Circus publicity.

**Thank you for your application to become a Froot Loop!**

All classes are subject to availability.

Please contact me on 0424 700 714 if you have any further questions.

Nina

proud to be a  
**froot loop**