



begin it...live it...dance it...

WELCOME TO FUSIONONE, WE ARE DELIGHTED FOR YOU TO JOIN OUR TEAM!

TITLE: FIRST NAME: SURNAME:

AGE: DOB: OCCUPATION:

EMAIL:

ADDRESS:

SUBURB: POSTCODE:

HOME PH: WORK: MOBILE:

EMAIL:

EMERGENCY CONTACT NAME: EMERGENCY PH:

IN THE EVENT OF A MEDICAL EMERGENCY AND THE ABOVE EMERGENCY CONTACT CANNOT BE REACHED DO YOU AUTHORISE FUSIONONE TO SEEK MEDICAL ADVICE AT HOSPITAL?

YES NO SIGNATURE:

WHAT OTHER TYPE OF EXERCISE/SPORT ARE YOU ACTIVELY INVOLVED IN?

WHAT WOULD YOU LIKE TO ACHIEVE FROM THE CLASS?

WHICH CLASS ARE YOU ENROLLING IN?

1. Class: Day: Time:

2. Class: Day: Time:

3. Class: Day: Time:

4. Class: Day: Time:

5. Class: Day: Time:

DO YOU HAVE ANY MEDICAL CONDITONS OR INJURIES WHICH FUSIONE SHOULD KNOW ABOUT?

DO YOU HAVE ANY ALLERGIES?

WHAT ARE YOUR HOBBIES/INTERESTS?

HAVE YOU PARTICIPATED IN ANY DANCE CLASSES BEFORE? IF SO WHERE?

AND WHEN?

HOW DID YOU HEAR ABOUT FUSIONONE? SCHOOL NEWSLETTER

NEWSPAPER FRIEND CARROLL DIRECTORY MAIL WORD OF MOUTH

WHAT OTHER CLASSES WOULD YOU LIKE TO SEE AT FUSIONONE?

I hereby grant the right to use my photo or likeness to promote the interest of fusionone without my further consent being obtained

SIGNATURE: TODAYS DATE:

THANK YOU, PLEASE REFER TO OUR WEBSITE www.fusionone.com.au FOR FURTHER INFORMATION