



CATROBATKIDZ ENROLMENT FORM

PLEASE COMPLETE CLEARLY AND IN FULL

School Name:

Class / Teacher:

FULL Name for Annual Certificate - please print clearly

Child's First Name:

Child's Surname:

Date of Birth for Specific Age Related Assessments

Child's Date of birth:

99/99/99

Each school is allocated a qualified permanent instructor that will get to know your child personally, and who is dedicated to the progress of each child. We appreciate the opportunity to teach your child.

Parent or Guardian's Name:

I hereby give permission for the above named child to attend Catrobatkidz classes. I understand that fees are payable by the 2nd lesson of each term, and one term paid written termination is required if participation cancelled during the year. I irrevocably indemnify the Contractors, Venues and Catrobatkidz cc against any liability whatsoever in respect of any injury which may be sustained by my child as a result of participating in Catrobatkidz Programme.

Contact Number:

E-mail of person responsible for account - please print clearly

E-mail:

Date:

99/99/99

Signature: