



FREE SPIRIT

DANCE COMMUNITY INC.

Class or Classes Attended _____

GENERAL DETAILS

I hereby apply for membership of the FSDC.

Dancing Membership - \$5 Social Membership - \$5

Title ____ (Mr, Mrs, Ms, etc) First Name _____ Last Name _____

Male Female Date of birth _____ Occupation _____

Address _____

Phone: Home _____ Mobile _____ Email _____

- Membership is for one year or part thereof. Renewals are due February each year and is not transferable.
- By becoming a member you have access to low cost dance classes. The membership fee covers items such as the cost of insurance, music licenses and venue hire.
- I do not wish to receive email/sms communication
- Would you be willing to volunteer your time to assist the Free Spirit Dance Community
 Yes No

Emergency Contact

First Name _____ Last Name _____

Relationship _____ Address _____

Phone: Home _____ Work _____ Mobile _____

Office Use Only

Date Membership received ___/___/___ Amount Paid: \$ _____

Received by
Name _____ Signature _____

FSDC Application & Declaration

I (insert name)

Hereby apply for membership of the FSDC. In consideration of my application for membership being accepted I acknowledge and agree that:

1. **Disclaimer:** Dance classes and related activities/events can involve risk of personal injury. Whilst the Free Spirit Dance Community takes all reasonable care in the conduct of its classes, it accepts no responsibility for injury or loss of property caused during classes or whilst participants are at or near the dance studio. Each Individual and/or Parent/Guardian is responsible for ensuring that they are physically and medically fit for the class. During the class, they must at all times take care of their own personal safety.
2. **Fitness to Participate:** I declare that I am medically and physically able to participate in any FSDC class. I will immediately notify FSDC of any change to my medical condition, fitness and ability to participate.
I understand I have the responsibility to inform the instructor, in every class That I attend, of any pre existing illness or injury that my affect my ability to participate.
3. **Privacy:** I understand that the information that I have provided over leaf is necessary for the Objectives of the FSDC. I acknowledge and agree that the information will not be disclosed to any outside bodies. I understand that I will be able to access my information. If the information is not provided my membership may not be accepted. I acknowledge that the FSDC may also use my personal information for the purposes of providing me with promotional material from FSDC organisation or third parties. I may advise the organisation if I do not wish to receive any sponsor or third party material
4. **Severance:** FSDC committee reserves the right to cancel a membership at any time should a member be shown to not support the objectives of the FSDC.
5. **I have provided the information required overleaf and signed this form.** I warrant that all information is true and correct
6. **FSDC:** Means Free Spirit Dance Community

I have read, understood, acknowledge and agree to the above declaration.

Signed: Date

NOTE: Where the applicant is under 18years of age this form must also be signed by the applicant's parent or legal guardian.

For Parent or Legal Guardian

I, am the parent or guardian of the applicant. I authorize and consent to the applicant undertaking FSDC activities. In consideration of the applicant's membership being accepted I expressly agree to be responsible for the applicant's behaviour. Furthermore, I agree to personally accept, in my capacity as parent or guardian, the terms set out in this membership application and declaration.

Parent's signature: Date
(Where applicant under 18 years of age)