



ENROLMENT

Full Name :

Email Address :

Phone Number :

Date of Birth : / /

Address :

City :

Postal Code :

I give permission for Peninsula Ballet to take photographs and/or videos of my child during classes, rehearsals, and performances. I understand that these images may be used on the Peninsula Ballet website and other promotional materials.

☐ **I agree** to the use of my child's photos/videos for promotional purposes.

☐ **I do not agree** to the use of my child's photos/videos.

☐ I hereby consent to my phone number being added to the relevant class Whatsapp Group/s.

DATE



SIGNATURE

The Peninsula Ballet School