



FREE SPIRIT

DANCE COMMUNITY INC.

General Details

I hereby apply for membership of the FSDC: **2017 Membership - \$15**

Class or Classes Attended _____

(Mr, Mrs, Ms) First/Last Name:	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth (Optional) :
Address :	
Email : (Please print clearly)	
Phone / Mobile :	

- Membership is for one year or part thereof. Renewal is due February each year and is not transferable.
- By becoming a member you have access to low-cost dance classes. The membership fee helps to cover the cost of items such as 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

AREAS OF INTEREST (please tick)

- | | | |
|---|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Committee | <input type="checkbox"/> Hafila Setup |
| <input type="checkbox"/> MC | <input type="checkbox"/> Marketing/Publicity | <input type="checkbox"/> Sausage sizzles |

PTO

Office Use Only

Date Membership received: ____/____/____

Amount Paid: \$ _____

Received by: Name _____

Signature _____

FSDC Application and 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 FSDC 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 it is my responsibility to inform the instructor, in every class that I attend, of any pre existing illness or injury that may affect my ability to participate.
3. **Privacy:** I understand that the information that I have provided overleaf 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 will 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 Incorporated.

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

Signed: Date

NOTE: Where the applicant is under 18 years 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)