



Physical Culture & Dance

Registration Form

CLUB: _____

MEMBERS NAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

PHONE NO.: (H) _____ (W) _____
 (Mobile) _____

DATE OF BIRTH: _____ AGE PRIOR TO 1/9/10: _____

AGE GROUP: _____

GRADE FOR 2010: C B A OPEN ADVANCED

YEAR STARTED WITH WZ PHYSICAL CULTURE

We like to recognise those that have done 10 or more years physical culture with WZ. Please list the years that you have done physici, as well as the breaks you have had.

Year Started	Break	Recommenced	Break	Recommenced

I have read the WZ Physical Culture and Dance Rules and Regulations and agree to abide by them:

SIGNATURE OF MEMBER: _____

SIGNATURE OF PARENT
 IF MEMBER UNDER 16 YRS: _____

	CLUB/WZ USE	
	Paid to Club	Paid to WZ
Registration		
Insurance		