

# Enrolment Form

Students Name: .....

Date of Birth: .....

Parent / Carer name: .....

Address: .....

Post code: .....

Home Phone number: .....

Email address: .....

Emergency Contact 1: .....

Relationship: .....

Phone number: .....

Emergency Contact 2: .....

Relationship: .....

Phone number: .....

Specific Medical Requirements: .....

Previous Dance Experience: .....

Classes for which you wish to enrol: .....

**Please complete this form and bring it to the next class**

I acknowledge that I am totally responsible for my child's safety at all times other than their timetabled lessons such as during gaps between lessons or if I am late collecting them.

Name:  Relationship:

Signature:  Date:

I am / **am not** happy for my child to be corrected through physical contact.

Name:  Relationship:

Signature:  Date:

I am/ **I am not** happy for my child to take part in Dare Dance Academy shows, which may be recorded for distribution to parents and friends.

Name:  Relationship:

Signature:  Date:

I am/ **I am not** happy for my child photograph to be used for promotional work.

Name:  Relationship:

Signature:  Date:

Thank you Miss Becks