

# AMK DANCE ACADEMY

## REGISTRATION FORM

IDTA PIN NUMBER

*To Be Completed by AMK Dance Academy*

### STUDENTS NAME

Last Name:

First Name

Middle Name

### NEXT OF KIN DETAILS

Name:

Address:

Home phone no.:

Mobile No:

Work Number:

Email Address:

Medical Problems and are there any medications that may need to be administered, whilst in our care (please completed the box below)

### IN CASE OF EMERGENCY

Do you provide consent for either Miss Adele-Marie Kaye or Miss Claire Gray to act on your behalf to provide/instruct emergency medical care in the event that you child becomes unwell whilst under AMK Dance Academy Care You will always be contacted immediately. This is just in case we cannot get hold of you in the event of an emergency

Additional Emergency Contacts

\_\_\_\_\_

Patient/Guardian signature

\_\_\_\_\_

Date

### PHOTO CONSENT

Do you provide consent for AMK dance Academy to take photos of your child that can be used for our promotional material?

Yes / No

\_\_\_\_\_

Patient/Guardian signature

\_\_\_\_\_

Date

### VOLUNTEERING

Would you be happy to volunteer at any of the AMK Dance Shows or Events?

Yes / No

Best Contact Method: (Mobile/Email etc.)