



## **TRIAL FORM:**

**It is essential that all parents fill out this form for insurance purposes and in case of emergency.**

Trial Date: .....

Child's Name: .....

Child's D.O.B: .....

Address: .....

.....

Email: .....

Contact Numbers: ...../.....

Medical Information: .....

.....

**I consent for my child to take part at Blythe Theatre Arts. All the information above is correct to the best of my knowledge. I understand that dance training is physical and it is sometimes necessary for the teacher to use a hands on approach to ensure the pupil doesn't injure themselves or others. I sign this form on the understanding that Blythe Theatre Arts and its teachers are fully insured and DBS checked. By signing this form you are agreeing to your data being used for the purposes of managing our services to you. If you would like to see our full data protection privacy policy and/or Terms & Conditions, please feel free to ask.**

Signed: ..... Name & Relationship to child: .....

How did you hear about us? .....