

Signature

Dance Academy

Student Details			
Full Name:			
Date of Birth:		Gender:	
Address:			
Postcode:			
Telephone:			
Medical/Learning Conditions:			

Parent/Guardian Details 1		Parent/Guardian Details 2	
Full Name:		Full Name:	
Address:		Address:	
Postcode:		Postcode:	
Email Address:		Email Address:	
Telephone:		Telephone:	
Mobile:		Mobile:	

Preferred Email:	
Previous Training:	
ISTD Pin Number:	

- I hereby give Signature Dance Academy the permission to use any pictures, videos of my child to use for advertising purposes, on Social Media or for any other Educational/Training purposes.
- I understand that the staff at Signature Dance Academy may need to use appropriate contact with my child and give full permission for them to do so.
- I understand the staff at Signature Dance Academy are Qualified Teachers with the correct DBS and a First Aid License.
- I understand all invoices must be paid within 14 days. Failure to do so will result in a 10% surcharge.
- Information on this form will be confidential and will be kept private for only Signature Dance Academy to see. NO information will be passed on.
- I understand I must give a terms notice if my child would like to cancel a class. I understand I must pay the remainder of the term until a new term starts. I also understand no refunds will be given back if we leave.

Parent/Guardian Signature: (If student is under 18 years)		Date:
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