REGISTRATION FORM

"DANCEZONE ACADEMY TEACHERS ABIDE BY DATA PROTECTION LAWS & DANCEZONE ACADEMY POLICIES. DANCEZONE ACADEMY ONLY USES YOUR INFORMATION FOR AMINISTRATION & CONTACT PURPOSES FOR DANCEZONE ACADEMY LESSONS/CLASSES/EVENTS. INFORMATION SHARED ONLY WITH YOUR CONSENT TO TAKE PART IN ISTD/FRIENDLY: EVENTS, COMPETITIONS & EXAMS."

TEACHER/OFFICE USE ONLY

START DATE	**AGE WHEN STARTED**	**OTHER**
CLASS/LESSON	**MEDICAL**	**ISTD PIN**

PERSONAL INFORMATION

FULL NAME :		
D.O.B :	AGE :	
NATIONALITY	MALE :	FEMALE :
HOME ADDRESS :		

CONTACT INFORMATION

MOBILE NUMBER :	HOME NUMBER :
EMAIL:	
OTHER :	

EMERGENCY CONTACT INFORMATION – please provide 3 emergency contacts.

1. NAME :	PHONE NUMBER :
2. NAME :	PHONE NUMBER :
3. NAME :	PHONE NUMBER :

ADDITIONAL INFORMATION

MEDICAL / ALLERGY INFORMATION :			
HOW DID YOU FIND US?			
FRIEND	LEAFLET	FACEBOOK	WEBSITE
OTHER			
HAVE YOU LEARNT TO DANCE BEFORE?			
IF SO, WHERE?		WHEN?	

YOU ARE SIGNING TO GIVE PERMISSION FOR DANCEZONE TO USE YOUR INFORMATION ABOVE FOR ADMINISTRATION PURPOSES ONLY. AND TO SHARE WITH THE ISTD ONLY IF YOU ARE ENTERING AN ISTD EXAMS/COMPETITIONS.

NAME:	SIGNED:	DATE:

PHOTO USAGE- GROUP CLASS PHOTOS / CARNIVALS / COMPETITIONS SHOWS. Please circle appropriate & sign.

I DO/DO NOT GIVE PERMISSION FOR PHOTOS TO BE DISPLAYED ON <u>INTERAL NOTICE BOARDS</u> AT OUR BASE (ST MARKS OLD CHURCH HALL/WALLISDOWN/BH10 4AA).
SEPARATE PERMISSION WILL BE ASKED FOR DISPLAYS ON OUR WEBSITE & FACEBOOK PAGE.

NAME:	SIGNED:

DATE: