*PLEASE FILL OUT IN BLOCK CAPITALS*

To be completed by parent/guardian:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **general Information** | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | | | | | | | | |
| First Name(s) | | | |  | | | | | | Date of Birth | | | | |  | |
| Address |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Postcode | | | |  |
| Mobile Phone | | | |  | Home Phone | | | |  | | | | | | | |
| e-mail address | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **EMERGENCY CONTACT 1** (Compulsory) | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | Relation to student | | | | | |  | | |
| If contact information is as above, please tick this box | | | | | | | | | | | | | | | | |
| Mobile Phone | | | |  | | Home Phone | | | | |  | | | | | |
| e-mail address | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **EMERGENCY CONTACT 2** (optional) | | | | | | | | | | | | | | | | |
| Name | | |  | | | | Relation to student | | | | | |  | | | |
| Mobile Phone | | | |  | | Home Phone | | | | |  | | | | | |
| e-mail address | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Previous dance training** (If applicable) | | | | | | | | | | | | | | | | |
| *Please detail any previous dance training/dance exams taken:* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Allergies/medical information** | | | | | | | | | | | | | | | | |
| *Please detail any allergies or medical information you feel the academy should be aware of:* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **additional information** (If applicable) | | | | | | | | | | | | | | | | |
| *Please detail any additional information/requirements you feel the academy should be aware of:* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |

*I have read, understood and agree to the terms and conditions of D&H Dance Academy*

Signed: Date:

To be completed by administration:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **class details** | | | | | | | | | | |
| Genre(s) |  | | Level(s) |  | | | | | Day/Time(s) |  |
| Start Date | | \_ \_ / \_ \_ / \_ \_ \_ \_ | Invoice Amount | | | £ | | Invoice sent \_ \_ / \_ \_ / \_ \_ \_ \_ | | |
| RAD Pin |  | | | | ISTD Pin | |  | | | |

Signed: Date: