*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 & ADDITIONAL information** (IF APPLICABLE) |
| *Please detail any allergies, medical information or additional information/requirements you feel the academy should be aware of:* |
|  |
|  |
| **PHOTOGRAPHY/FILM**  |
| *Please state below if you do NOT give consent for your child to be featured on our website or social media platforms:* |
|  |

*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: