



## Morning Summer Course 2025

Child 1 Name & Surname: .....

Child 2 Name & Surname: .....

Date of Birth Child 1: ..... Date of Birth Child 2: .....

Parent/Guardian 1 Name & Surname: ..... Mobile: .....

Parent/Guardian 2 Name & Surname: ..... Mobile: .....

Address: .....

.....

Postcode: ..... Home Tel: .....

E-mail Address: .....

Person to call in the event of an Emergency: .....

Telephone: ..... Mobile: .....

Medical/other issues: .....

.....

Child 1: ☐ Monday 4-8yrs      Child 2: ☐ Monday 4-8yrs

(disciplines include: ballet, jazz, contemporary, gymnastics)



## Consent Form

Kindly tick one or more of the following statements:

I, ....., parent/guardian  
of (child's name):.....

- ☐ give consent that my child may be filmed or photographed during Dance Hub Malta activities.
- ☐ give consent that video footage or photographs showing images of my child may be published in electronic or printed format.
- ☐ understand that should I wish for any image of my child to be removed; I can inform Dance Hub Malta immediately.
- ☐ understand that all footage or photographs will be used for promotional purposes in relation to Dance Hub Malta.
- ☐ give permission to Dance Hub Malta teachers and assistants to administer First Aid and secure medical attention and care in the event of illness and/or injury. It is understood that every effort will be made to first contact the above emergency contact.

I / We, the undersigned, hereby release DanceHub Malta, all its teachers and assistants from any injury and actions causing injury which may be sustained during any and all activities (including but not limited to classes, performances and events).

The data provided on this application form will only be used in accordance with GDPR. No other disclosures of the information will be made.



## Terms and Conditions

- All fees are non-refundable even in the case of absence due to injury or ill health.
- At least 3 weeks' notice should be given if one wishes to discontinue attendance.
- DanceHub Malta will not be held responsible for any lost property.
- Your child's place will be reserved upon confirmation of payment.

**Kindly submit a signed copy of this application to [info@dancehubmalta.com](mailto:info@dancehubmalta.com) together with payment which can be made by cash, cheque payable to *Dancehub Malta* or by *Bank Transfer* to the below details:**

DanceHub Malta  
BNF Bank Plc.  
IBAN: MT65BNIF14502000000000695181101  
SWIFT CODE: BNIFMTMT  
Sort Code: 014502  
Account No: 695181101

**Fees applicable Per Child:**  
**€ 270 once a week**  
**X6 weeks summer course**  
**14<sup>th</sup> July 2025 – 30<sup>th</sup> August 2025**  
**8:30 am - 1:00 pm**

Total amount Due: € .....

Signature Parent/Guardian 1: ..... Signature Parent/Guardian 2: .....

Date: .....