



Registration Form 2019/2020

Student Name & Surname:

Date of Birth: Sex: (F/M)

Student's Mobile:

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:

.....

Course:

Days/Time:

Previous Dance Experience:



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.

Fees payable per Term:

3 to 4 years: €110 for 1 class a week **OR** €200 for 2 classes a week **OR** €290 for 3 classes a week

5 to 6 years: €115 for 1 class a week **OR** €210 for 2 classes a week **OR** €305 for 3 classes a week

7 to 8 years: €120 for 1 class a week **OR** €220 for 2 classes a week **OR** €320 for 3 classes a week

9 to 15 years: €125 for 1 class a week **OR** €230 for 2 classes a week **OR** €335 for 3 classes a week

16 years and over: €130 for 1 class a week **OR** €240 for 2 classes a week **OR** €350 for 3 classes a week

One time Registration Fee: € 10.00 Paid Cash

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).

Signature Parent/Guardian 1:

Signature Parent/Guardian 2:

Date of enrolment:

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



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.

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

Date: