



Afternoon Adolescents 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:

.....

Choose between 1 day a week OR 2 days a week OR 3 days a week:

Child 1: ☐ Monday 9-15yrs Child 2: ☐ Monday 9-15yrs (disciplines:Ballet, repertoire/pointe,stretch)

Child 1: ☐ Tuesday 9-15yrs Child 2: ☐ Tuesday 9-15yrs (disciplines:hiphop,jazz/acro,body conditioning)

Child 1: ☐ Wednesday 9-15yrs Child 2: ☐ Wednesday 9-15yrs (disciplines:contemporary,improvisation/partner
work,choreographic workshop)



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 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 OR € 465 twice a week OR € 590 three times a week
X6 weeks summer course every Monday &/or Tuesday &/or Wednesday
14th July 2025 – 30th August 2025
4:00 - 7:00pm**

Total amount Due: €

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

Date: