



Registration & Consent Form 2018/19

Name.....Age/DoB.....

Address.....

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Postcode.....

E-mail Address.....

Home Telephone.....

Parent's Name.....

Mobile.....

Emergency Contact Name.....

Contact No.....

**Class/Course Registration**

- Classical Ballet [ ]      Jazz/Commercial [ ]      Street/Hip Hop [ ]      Tap [ ]
- Tiny Twisters [ ]      Musical Theatre [ ]      Superstars/Dramarama [ ]      ACRO/GYM [ ]
- Performances [ ]      Examinations [ ]      ProCo (by audition) [ ]

Does your child suffer from any condition requiring medical treatment on a regular basis?

*(diabetic, asthmatic, epileptic, etc)* please specify

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Does your child suffer from any known allergies? *(or major dislikes e.g. certain foods, materials or medication)* Please specify.....

Has your child received a tetanus injection in the last 5 years? *(circle answer)*      **Yes/No**

**By registering your child attending our classes and participating in our show to agree to the following:**

Photographs/videos taken of my child during the course can be used for future Jazzart publicity material.

I agree to my child taking part in local school productions.

I agree to my child participating in Fire Safety and Evacuation training at appropriate times.

I agree to my child receiving emergency medical treatment including anaesthetic as considered necessary by the medical authorities present.

I also acknowledge the need for my child to have the appropriate behaviour, attitude and commitment.

Signed.....Date.....