



Registration Form

Dance School

Rhythmic Gym Club

Child name _____ Age _____ School Yr _____ DOB ____/____/____

British Gymnastics Membership Number _____ Renewal date _____

First contact _____ Mob no: _____

Second contact _____ Mob no: _____

School Name _____ Headteacher _____

Email - Block capitals in box below First Language _____

This email is used for billing and all school communication. We will accept only ONE email address per family. You will be responsible for forwarding your emails amongst family members where necessary.

Address _____

Postcode _____ Home Tel no: _____

List other dance school or sports club attended

Medical declaration

Allergies _____

If you have no relevant medical information to disclose please write 'NONE'

PLEASE TURN OVER AND SIGN ALL AGREEMENTS

ENROLLMENT WILL NOT BE COMPLETE WITHOUT THESE SIGNATURES & GDPR & LEGAL CONSENT.

Please fill back page

CONTRACT AGREEMENT

As a parent / carer I accept that it is my responsibility to inform the teacher of any relevant medical history and will be available on the telephone numbers given here in the case of an emergency. I understand that my child is participating in the class at their own risk.

Signed _____ Date _____

Code of Conduct

I have read and understood the Dexterity – Estha Jones School of Dance ‘Code of Conduct’ and understand that all these rules apply to me. I agree to abide by them in full. I understand if I do not abide by the rule I will not be permitted to return to Dexterity.

Child Signature: _____ Date _____

If child under 16 yrs, Parent Signature: _____ Date _____

Payment Agreement

As a parent / carer I agree to abide by the payment agreement and understand that failure to pay on time will result in my child / children not being able to participate in classes.

Parent / carer signature _____ Date _____

Parent / carer signature _____ Date _____

Both signatures required if payments are split between parents

Image Release Permission

As a parent / carer I understand that performances and rehearsal times may be photographed and filmed and that images will be captured and used for publicity and promotional purposes by Dexterity, Estha Jones School of Dance Ltd.

These images will not be accessed by any third party for any use other than for those already stated.

Parent / carer signature _____ Date _____

Travel Consent

As a parent / carer I understand that I consent for my child to travel with other teachers and parents as organised and required to and from competitions/shows. I accept this is an informal arrangement only.

Parent / carer signature _____ Date _____

Fire Procedure

As a parent / carer I understand that my child has listened to the fire procedure.

Parent / carer signature _____ Date _____