



info@starbriedance.co.uk

07734 432616

REGISTRATION FORM

Child/Young Person's name	
Address	Postcode:
Date of Birth	Age:
Telephone Number	Home: Mobile:
Email address: For newsletters/important information	
School	

IMPORTANT INFORMATION: Please provide details of any medical condition and/or medication your child/young person is taking. Please also provide any other information that may assist with the supervision of your child eg. Allergies, disabilities, illnesses etc

Please provide details of any other Dance Schools attended:

Exams taken: ie: Ballet, Tap, Modern-Jazz, Theatre Craft, Freestyle including all colours and teams, Musical Theatre

Please include your pin number which can be found on the certificates

PIN:

CONTACT INFORMATION in case of emergency, please give more than one

Name:	Name:
Tel No:	Tel No:
Relationship:	Relationship:
Doctor:	Tel No:

- I agree/do not agree to photographs being taken of my child during dance activities. These may be used in future publicity information
- I give my consent to the above child taking part in dance activities and confirm that I have provided the information required for the safe supervision of my child.
- I agree to the terms and conditions of Starbrite Dancentre (these can be viewed at www.starbriedance.co.uk)

Signature (parent/guardian)

Date
