



## Registration Form

Pupil Name	
Date of birth	
Address	
Parent's Names	
Telephone No.	
Email address	
Emergency Contact No.	
I give permission for my child to have their photograph taken and for it to be used for marketing purposes	YES/NO

Please indicate below which discipline your daughter/son would like to attend:

Discipline	Please tick
Ballet	
Street Dance	
Tap	
Acro	
Lyrical	
Drama	
Singing	

Does your daughter/son have any medical conditions of which we should be aware?  
 If so please detail below:

.....  
 .....

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