



# Enrollment Form

## Student Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Landline \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

## Parent Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Landline \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

## Emergency Contact Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Email \_\_\_\_\_



# Enrollment Form

Previous Dance Experience (if any)	Dance Examinations Passed (if any)

Details of any medical conditions or illnesses / allergies

Acceptance	
I give permission for emergency first aid to be given to my child in the event of an accident or sudden illness.	<input type="checkbox"/>
I am happy for school promotional material and correspondence ( eg Newsletter. Class/ event information letters) to be sent to the above email address.	<input type="checkbox"/>
I am happy for photos or video to be taken of my child	<input type="checkbox"/>
I am happy for photos or video of my child to be used in publicity for the DTDS ( including local newspapers)	<input type="checkbox"/>
I am happy for photos or video of my child to be used on social media ( DTDS face book groups)	<input type="checkbox"/>
I am <b>NOT</b> happy for DTDS to take or use photos or video of my child	<input type="checkbox"/>



# Enrollment Form

As with any sport there is a possibility of physical injury in dance classes. Despite precautions being taken accidents may occur, participation is at own risk. DTDS takes no responsibility for injuries sustained during or after class. Please remind pupils to inform the teacher as soon as an injury occurs.

I will inform the teacher of any injury / illness which may affect ability to participate fully in the class.

I will endeavour to inform the teacher in advance should my child not be able to attend class for whatever reason and accept that I will be charged for unattended classes. Half a terms notice of leaving will be given in writing.

I confirm I have received and read DTDS terms and conditions and privacy policy.

If you change your mind or need to change details at any time, you can let us know by emailing [info@dt ds.online](mailto:info@dt ds.online) or by calling speaking to Sue

Full Name .....

Signed Parent / Guardian .....

Date .....

