



**REGISTRATION FORM**

**£10 Registration Fee**

**Students Details**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Email: \_\_\_\_\_

**Any Physical/Health/Medical Conditions**

Any conditions and what Procedure is required in an Emergency should Medical Condition arise:-

\_\_\_\_\_

Children under 16 Years using an inhaler must have written permission from parent/guardian for pupil to use their inhaler during class. Adults with back or knee problems, etc, will need to consult their doctor before commencing any adult class.

**Class/Classes you wish to attend:-**

I wish to attend /your choice of day/days, please refer to timetable. (Please tick):-

Class grade or names \_\_\_\_\_  
 Ballet Mon ( ) Tue ( ) Wed ( ) Thu ( ) Fri ( ) Sat ( )  
 Tap Mon ( ) Tue ( ) Wed ( ) Thu ( ) Fri ( ) Sat ( )  
 Modern Jazz Mon ( ) Tue ( ) Wed ( ) Thu ( ) Fri ( ) Sat ( )  
 Hip Hop/Street Dance Tue ( ) Wed ( )  
 Adult Tap/Jazz Ballet Thu ( )

**Notes**

Terms are charged in 6 week blocks. Six blocks per year (In line with Academic Calender)

**Payment**

To qualify for a reduction of 10%, fees must be paid in full by invoice date or before new term commences (which ever applies). **Cheques made payable to "M.J. Burgoyne".**

**Terms notice in writing or terms fees before removal of pupils**

**The above information may be used for exam entries.**

There may be occasions when we use pupil's photographs for publicity. If you have any objections please tick the box here ( ). Our show at the Princess Theatre is videoed, any objections please inform me in writing.

**Other Dance Schools/Teachers**

I hereby undertake that all due notice has been given to previous dance teachers/schools attended and that the student no longer attends any form of training with any other dance teacher/school. Also, the student will not attend any classes/private lessons with other teachers/dances schools, unless by prior approval where formal agreements have been entered into between teaching establishments

**I agree to all the terms and conditions above (please sign below)**

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Term Joining: - Spring ( ) Summer ( ) Autumn ( ) Year\_\_\_\_\_