

# REGISTRATION, MEDICAL EMERGENCY CONTACT & MEDIA CONSENT FORM



Pupil's Name:	
D.O.B:	
School: School Year:	
Address:	
Parent(s) Name(s):	
Parent's Email to be used for correspondence:	

## EMERGENCY CONTACT 1:

Name:	
Relationship to the child:	
Telephone number:	
Mobile number:	

## EMERGENCY CONTACT 2:

Name:	
Relationship to the child:	
Telephone number:	
Mobile number:	

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Pupil's Name (please re-state):	
Medical Conditions:	
Allergies:	
Current Medication:	
<p>I give consent for my child to be referred for emergency treatment if required. <i>(if you wish to withhold your consent, please email Stella@RedShoesSchoolofDance.co.uk)</i></p>	
<p>I give permission for photos to be taken of my child during dance class for marketing purposes for the dance school and or the dance school's website. <i>(if you wish to withhold your consent, please email Stella@RedShoesSchoolofDance.co.uk)</i></p>	
<p>I agree to give half a term's written notice to withdraw my child from any class or a half-term's fees will be charged.</p>	
Signature of Parent / Guardian:	<i>(if filling in onscreen, please type your name)</i>
Name (in block capitals):	
Date:	