

REGISTRATION FORM



CONTACT DETAILS

Pupils Full Name		Parents Surname (if different to pupils)	
Address		Pupils DOB	
Home Tel No:		Mobile Tel No:	
Email:			

EMERGENCY CONTACT

Name		Relationship to Pupil	
Home Tel No		Mobile No	

Please inform us if your child has any disabilities/illness that you feel we should be aware of:

Authorisation:

Parents are warned that although we take every step to ensure safety of dance every sport activity comes with a small risk of injury. In such an event we cannot be held liable unless negligence is proven. In the event of an accident I give permission for the above pupil to be given medical treatment if necessary.

*I understand that photographs or video footage may be taken during classes and at Shows/Fetes for training and promotional purposes. **I DO/ DO NOT (please circle)** give consent for the above pupil to appear in such photographs or video footage. I understand that no personal information will be displayed with the image.*

The above consents will apply throughout your time at Tiptoes Performing Arts Limited. If the pupil leaves then all images will be deleted when updates are made.

I hereby agree that I will give Tiptoes half a terms notice in the event of the above named pupil no longer attending classes. If I fail to give notice then I am aware that I will be invoiced for half a terms fees. Payment to be received within 28 days of invoice.

Parent/Guardians Name:

Signature Parent/Guardian:..... **Date:**.....

Tiptoes Studio
3 St Edmonds Parade, Lane End, High Wycombe, Bucks, HP14 3EJ
Mobile: 077366 10041

OFFICIAL USE

NATD PIN NO: **STUDENT URN NO:**