

# Dance Projection Musical Theatre Easter Course Application Form

Child's Name.....Age.....

Address.....

.....

Home Phone Number.....

Parent 1 Name \_\_\_\_\_

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

Email Address (Please Write clearly) \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

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

Email Address (Please Write clearly) \_\_\_\_\_

### EMERGENCY CONTACT DETAILS – Other than Parent

NAME \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

TELEPHONE \_\_\_\_\_

**You can either pay a deposit or in full. Minimum payment of £20 is required to secure a place. If you drop off anytime before 10am or pick up anytime after 3pm please pay the full day rate. Cash or Cheques payable to Dance Projection.**

**Deposit is Non-refundable**

<u>Dates</u>	<u>Course</u>	<u>8.30am – 4pm</u> <u>Please tick</u>	<u>10am – 3pm</u> <u>Please tick</u>	<u>Enclosed</u> <u>payment of –</u> <u>&amp; Date of</u> <u>payment</u>
9 <sup>th</sup> - 11 <sup>th</sup> April 2019	'Mary Poppins'			

Dance Projection Consent Form

Student Name - \_\_\_\_\_

**MEDICAL DETAILS**

**PLEASE STATE BELOW WHETHER YOUR CHILD SUFFERS FROM ANY ILLNESSES OR DISORDERS THAT MAY AFFECT THEM DURING THE CLASS E.G. ASTHMA, DIABETES, MIGRAINES, HARD OF HEARING ETC.**

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<i>Details of Required Permission</i>	<i>“Signature”</i>
<i>In order to gain full potential it is sometimes necessary for the teacher to have physical contact with the student. Please sign to consent to this:</i>	
<i>In the event that the student requires Medical Treatment I authorise the Dance Projection Staff to seek and enable this treatment.</i>	
<i>I give permission for the student to be photographed during class time and have their photos posted on the Dance Projection facebook page/ social media.</i>	
<i>Permission to include images of the student on the Dance Projection website/advertising.</i>	

**Emergency Medical Consent**

In the event of an emergency, should a teacher or representative of ‘Dance Projection’ consider it necessary, I agree for an ambulance to be called for the above student.

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

Sign \_\_\_\_\_

Date \_\_\_\_\_