

Dance Projection Musical Theatre Summer Course Application Form

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

Address.....

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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 £30 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>& Date of</u> <u>payment</u>
29 th July – 2 nd August 2019	'Aladdin'			
5 th August – 9 th August 2019	'Dumbo 2'			
12 th August – 16 th August 2019	'Mary Poppins Returns'			
19 th August – 23 rd August 2019	'Lion King'			
27 th August – 30 th August 2019 (4 day course)	'The Greatest Showman'			

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 _____