

Registration Form

We would like to be able to communicate with you about Hamilton Dance and any associated information but in order to do so we need your consent. By completing the registration form you are authorising us to use your information as per the conditions set out in section 1 of our terms and conditions document.

Student details			
Forenames	Surnan	ne	
Date of Birth	Ethnic Group		uired for exam registration)
Educational School attended			
Any relevant medical conditions of wh	nich we should be aware?		
Parent/Guardian details			
Name			
Address	To	wn	
Postcode	Home phone number	Mobile	e
Email address (for school communication	ations)		
Facebook contact? Yes /No - Please	add Facebook name		
Emergency Contact details			
Name	Telephone nun	nber	
Class Registration Please reserve a place for my child in	ı the following classes		
BalletT	apJazz	. Hip Hop	Acro
Contemporary Limbering/Co	onditioningTurns and	d LeapsMusic	al Theatre
3 Week Trial As a new starter your child will be on the form by post or email to register for			
Terms and Conditions of Hall Please confirm your consent below by before signing this document.		re you have read the te	rms and conditions thoroughly
Yes please I would like to re	eceive communication by emai	I	
Yes please I would like to re	eceive communication by telep	hone	
Yes please I would like to re	eceive communication by post		
Yes I agree to photography	and video being taken of my c	hild as per section 9 o	f the Terms and Conditions