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**REGISTRATION FORM 2017**

*Please complete this form attached with any additional notes and send back to Leigh Haines:* *lh.dance@yahoo.co.uk* *or hand in when arriving for first class.*

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| STUDENT NAME: | PARENT NAME: |
| DATE OF BIRTH: | EMAIL ADDRESS: |
| ADDRESS: | POSTCODE: |
| TELEPHONE NUMBER: | MOBILE NUMBER: |
| NURSERY/SCHOOL ATTENDING: | FINISHING TIME: |
| MEDICAL CONDITIONS + ALLERGIES: | WHERE DID YOU HEAR ABOUT US? |
| **Please note that no member of staff will be permitted to administer any medication to any pupil**In the case of medical emergency an ambulance will be called |
| EMERGENCY CONTACT DETAILS (FILL IN IF DIFFERENT FROM ABOVE) |
| PARENT/GUARDIAN NAME: | TELEPHONE NUMBER: |
| PREVIOUS DANCE EXPERIENCE: |

ADDITIONAL NOTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IN RETURNING THIS REGISTRATION FORM, I REQUEST THAT YOU ENROL MY CHILD AS A PUPIL OF LHDANCE. I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS OF LHDANCE AS SET OUT ON THE WEBSITE:**

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Protection Act 1998:** Information you provide will be held securely & in accordance with the Data Protection Act 1998. It will not be disclosed to any 3rd party other than the UKA exam boards and any other relevant Dance organisation without your prior written consent unless there is a legal requirement to do so.

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I do give / not give permission for LHDance to use my child’s photograph / video image.

 Name: …………………………………… Relationship: ……………………………..

 Signature: …………………………………… Date: ………………………………

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 I am/***am not*** happy for my child to be corrected through physical contact.

 Name: …………………………………… Relationship: ……………………………..

 Signature: …………………………………… Date: ………………………………