SUSYBALLET

**Registration Form**

PLEASE PRINT

**STUDENT**

FIRST NAME

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SURNAME

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ADDRESS

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POSTCODE

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DATE OF BIRTH (required for students under 18)

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GENDER

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TELEPHONE/MOBILE NUMBER (IF APPLICABLE)

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EMAIL (IF APPLICABLE)

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CURRENT ACADEMIC SCHOOL (For students under 18. We may need this information to apply for performance licences)

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ANY IMPORTANT MEDICAL/HEALTH/ CONDITIONS? PLEASE SPECIFY

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ANY SEND? PLEASE SPECIFY

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PLEASE DESCRIBE ANY PREVIOUS DANCE EXPERIENCE OF PROSPECTIVE STUDENT

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WHICH CLASS/CLASSES WOULD YOU LIKE TO REGISTER FOR? PLEASE SPECIFY DAY AND TIME

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**PARENT/GUARDIAN DETAILS (IF APPLICABLE)**

FIRST NAME

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SURNAME

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ADDRESS

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POSTCODE

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TELEPHONE NUMBER

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MOBILE NUMBER

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EMAIL

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**EMERGENCY CONTACT DETAILS**

NAME

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RELATIONSHIP TO STUDENT

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TELEPHONE NUMBER

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MOBILE NUMBER

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PLEASE GIVE US DETAILS OF PERSON RESPONSIBLE FOR PAYING THE FEES (IF DIFFERENT TO ABOVE)

NAME

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ADDRESS

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EMAIL

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NAMES AND MOBILE NUMBERS OF ADULTS WHO WILL NORMALLY BE SUPERVISING STUDENTS DURING CLASS (AGED 5 AND UNDER) AND/OR COLLECTING STUDENTS (UNDER 18) FROM CLASS

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PLEASE STATE THE NAME OF THE PERSON WHOM YOU WOULD LIKE US TO COMMUNICATE WITH VIA EMAIL FOR ALL BUSINESS MATTERS RELATING TO SUSYBALLET (e.g Fees, uniform, classes, timetable etc…)

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I GIVE PERMISSION FOR MYSELF (IF APPLICABLE) AND/OR MY CHILD’S NAME TO BE MENTIONED IN SUSYBALLET ADVERTISING AND OTHER INFORMATION CAPACITIES (SUCH AS NEWSLETTERS/DANCE SHOW PROGRAMMES/EXAM TIMETABLES ETC…). PLEASE ENTER YES OR NO IN BOX

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I GIVE PERMISSION FOR MYSELF (IF APPLICABLE) AND/OR MY CHILD’S PHOTO OR VIDEO FOOTAGE TO BE USED FOR ADVERTISING (SUCH AS FLYERS/BANNERS/WEBSITE/SOCIAL MEDIA ETC…) PLEASE ENTER YES OR NO IN BOX

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I GIVE PERMISSION FOR THE RELEASE OF PHOTOS AND/OR VIDEO FOOTAGE OF MYSELF (IF APPLICABLE) AND/OR MY CHILD TO BE SOLD TO PARENTS/STUDENTS OF SUSYBALLET AS MEMENTOS OF SUSYBALLET WORKSHOPS, REHEARSALS, SHOWS AND OTHER EVENTS PERFORMED BY SUSYBALLET STUDENTS. PLEASE ENTER YES OR NO IN BOX

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I GIVE PERMISSION FOR MYSELF (IF APPLICABLE) AND/OR MY CHILD’S PHOTO OR VIDEO FOOTAGE TO BE USED FOR COACHING AND CHOREOGRAPHY PURPOSES AND SHARED BETWEEN APPROPRIATE OTHER SUSYBALLET STUDENTS AND STAFF. PLEASE ENTER YES OR NO IN BOX

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PRIVATE COACHING

SHOULD PRIVATE LESSONS BE BOOKED, IT IS NECESSARY TO OBTAIN PERMISSION TO TEACH ONE TO ONE IF A CHILD IS UNDER 18.

I GIVE PERMISSION FOR MY CHILD TO ATTEND PRIVATE LESSONS WITH SUSYBALLET AND I AGREE TO REMAIN WITHIN SIGHT AND HEARING OF MY CHILD DURING THE SESSION. PLEASE ENTER YES OR NO IN THE BOX.

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I GIVE PERMISSION FOR SUSYBALLET TEACHERS AND STAFF TO ADMINISTER FIRST AID TO MYSELF (IF APPLICABLE) AND/OR MY CHILD. PLEASE ENTER YES OR NO IN BOX.

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I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN SUSYBALLET CLASSES (WHERE APPLICABLE)

I HAVE READ AND AGREE TO THE SUSYBALLET TERMS AND CONDITIONS STATEMENT

I HAVE READ AND AGREE TO THE SUSYBALLET GDPR POLICY

I HAVE READ AND AGREE TO THE SUSYBALLET SAFEGUARDING POLICY

I UNDERSTAND AND AGREE THAT ON OCCASION, IN ORDER TO DELIVER SAFE DANCE TEACHING PRACTICE, IT MAY BE NECESSARY FOR TEACHERS AT SUSYBALLET TO USE PHYSICAL TOUCH TO EXPLAIN CORRECT ALIGNMENT OR ASSIST WITH EFFECTIVE TEACHING

I UNDERSTAND AND AGREE THAT IN ORDER TO COMFORT DISTRESSED YOUNG CHILDREN OR TO ADMINISTER FIRST AID, IT MAY BE NECESSARY FOR TEACHERS AT SUSYBALLET TO USE PHYSICAL TOUCH

I AGREE TO MY ADDRESS AND EMAIL BEING USED FOR ANY MAILINGS RELATING TO SUSYBALLET INCLUDING INVOICING INFORMATION, NEWS AND UPDATES

**PLEASE COMPLETE THIS FORM AND RETURN TO SUSYBALLET WITH THE REGISTRATION FEE OF £20.00 (NON REFUNDABLE/ £15.00 FOR SECOND/THIRD CHILD)**

**PLEASE NOTE THAT TRIAL CLASSES FOR CHILDREN (FIRST CLASS ONLY AND BY ARRANGEMENT) ARE FREE**

**PLEASE NOTE THAT TRIAL CLASSES FOR ADULTS ARE £5.00 PAYABLE IN CASH ON THE DAY.**

**IF YOU DECIDE TO CONTINUE AFTER YOUR TRIAL CLASS THEN THE REMAINDER OF THE FULL TERMLY FEE IS PAYABLE IN ADVANCE.**

SIGNED

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NAME (PLEASE PRINT)

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DATE

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SUSYBALLET

OFFICE CONTACT: 07555721370

EMAIL: susy@susyballet.co.uk