**
Registration Form**

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| --- | --- |
| CHILD’S NAME:  |  |
| CLASS(‘S) ATENDING  |  |
| CHILD’S DATE OF BIRTH:  |   | CURRENT AGE:  |   |
| PARENT/GUARDIANS NAME:  |  |
| E-MAIL ADDRESS: (Please print clearly)  |  |
| EMERGENCY CONTACT NUMBER:  |  |

**Health Questions**

|  |  |
| --- | --- |
| **Does your child have or ever experienced any of the following?**  | **Please circle**  |
| A bone, joint or muscular problem?  | Y / N  |
| Asthma or any other respiratory problems?  | Y / N  |
| Any allergies?  | Y / N  |
| Is your child taking any medication?  | Y / N  |
| Has a doctor ever advised your child not to exercise?  | Y / N  |
| Is there any reason not mentioned above why any type of physical activity may not be suitable for your child?  | Y / N  |
| If you have answered YES to any of the above questions, please write full details here:  |

In signing this form, I the parent/guardian for the above named child, affirm that I have read this form in its entirety and have answered the questions accurately to the best of my knowledge. I also agree that I have read and agree to the Stardust Dance Academy Terms & Conditions as found on the website:

[www.stardust-dance-and-fitness.co.uk.](http://www.stardust-dance-and-fitness.co.uk/)

**Parent/Guardian Signature: ........................................................ Date: .................................**

During the general course of activities such as classes, shows and performances there may be the opportunity to publicise Stardust Dance Academy which may involve images of your son/daughter. This could be photograph, video or web based images. It is a requirement of the Data Protection Act that we have your consent to use such images.

I hereby give permission to Hannah Batchelor and Stardust Dance Academy to use my child’s photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

**Parent/Guardian Signature: ........................................................ Date: .................................**