

Please complete this form in BLOCK capitals

Participant Details			
First Name		Family Name	
Email Address			
Contact Telephone Number			
Your Address		Postcode	
Town / City		County / State	

Health and Wellbeing	
Please give details of any illness or disability that we should be aware of:	
Please give details if you take any medication that we should be aware of:	
Please give details of any access requirements that we should be aware of:	

Next of Kin	
Name	Relationship to you
Phone number in case of emergency	
E-mail Address	

Consent for Photography and Video	
Name of Student	If Under 18 years, Name of parent / guardian

✓ **Timetable - Select one from each session**

Session 1 10:00-11:30	Session 2 12:00-13:30	Session 3 14:30-16:00	Session 4 16:15-17:45
Ballet (Intermediate & Advanced) Folk (General) Rhythmic Gymnastics (General)	Folk (General) Ballet (Beginners) Contemporary (Advanced) Acting	Folk (Advanced) Contemporary (General) Acting	Contemporary (General) Rhythmic Gymnastics (Advanced) Ballet Advanced (Repertoire) Acting

The information provided on this form is correct to the best of my knowledge

Signature of student		Date	
Signature of parent / guardian (if applicable)		Date	