

# FLAIR SCHOOL OF DANCE

## ENROLMENT FORM

PUPIL NAME \_\_\_\_\_

PARENT/GUARDIAN NAME (IF UNDER 18) \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

LANDLINE NUMBER \_\_\_\_\_

ALTERNATIVE EMERGENCY CONTACT NUMBER \_\_\_\_\_

DATE OF BIRTH (IF UNDER 18) \_\_\_\_\_

IMPORTANT MEDICAL INFORMATION \_\_\_\_\_

ANY OTHER IMPORTANT INFORMATION \_\_\_\_\_

PLEASE NOTE: IF YOU REQUIRE MORE SPACE, ATTACH ADDITIONAL PAGES & TICK BOX

### LEGAL DISCLAIMER:

I give permission for the aforementioned student(s) to participate in the activities arranged by 'Flair'. I confirm that I have read & accept the 'Terms & Conditions' as laid out by 'Flair'. I understand that whilst every effort is made to ensure the safety of participants, all physical activity carries a certain amount of risk. I understand that the student(s) participates at his or her own risk. In the event of an emergency, **unless stated otherwise below**, I give permission for my child to be given an anaesthetic. I accept that all belongings brought in by students are done so at their own risk. I understand that from time to time photographs and video footage may be taken for publicity purposes, **unless stated otherwise below**, I am happy for my child to be included in this publicity.

### IMPORTANT:

If you **do not** wish you child (where applicable) to be included in any publicity please indicate here with the word 'no' \_\_\_\_\_

If you **do not** authorise you child (where applicable) to be given an anaesthetic in event of emergency please indicate here with the word 'no' \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

### For Office Use Only:

PREP M  PREP T  PRIM M  PRIM T  G1T  G1M  G2T  G2/3M  G4M

ST  SB  CB  BB  F1  F2  F3  PB2  PB1  G1B  G2B

U1  U2  U3  BU  C1  C2  C3  C4  C5  C6

T: 1  2  3  4  5  6  W: 1  2  3  4  5  6  7