

Pavilion Dance South West (PDSW) Class Registration Form

Contact Details

PLEASE PRINT IN CAPITAL LETTERS

Participants Forename(s): _____ Surname: _____

Participants Date of Birth: ____ / ____ / ____

Address: _____

_____ Post Code: _____

Tel (Home): _____ Tel (Mobile): _____

Email Address: _____

May we contact you by post? May we contact you by email? (Tick for yes)

How did you hear about PDSW? _____

If under 16 your:

Parent/Guardians Forename(s): _____ Surname: _____

Terms and Conditions

- Pavilion Dance cannot offer refunds or transfers to other classes once booked.
- Warm up sections at the start of each class are essential to prevent injury. Pavilion Dance reserves the right to refuse entry to participants who are more than 5 minutes late to any class
- Pavilion Dance reserves the right to make changes to the class timetable throughout the term.
- Black soled outdoor shoes and trainers cannot be worn in the studios as they mark the floors.
- Dance classes can involve risk of personal injury. While PDSW takes all reasonable care in the conduct of its classes, it accepts no responsibility for injury caused during classes or whilst participants are at or near the venue. You (for under 16's your parent/guardian) are responsible for ensuring that you are physically and mentally fit for the class and abide by the instructions and expectations of the class teacher. During the class you must take care of your own personal safety at all times.

I can confirm that I have read and accept the above Terms and Conditions

Signature (of parent if under 16 yrs): _____

Print Name: _____

Date: _____

Health Declaration

I hereby vouch that the above named participant is in a satisfactory state of health. You should however be aware of the following conditions:

Special Medical Conditions: (Please list e.g asthma, diabetes, epilepsy etc.)

Special Medication being taken: (Please list)

In Case of Emergency who would we contact?

Name: _____

Relationship to the participant: _____ Contact no.: _____

Media Release Consent

Occasionally we may like to photograph classes for our records and for future publicity, both printed and online. By signing below you are agreeing to PDSW using photographs in publications, online, in publicity material and for inclusion in the PDSW image library.

Signed: _____ Print: _____ Date: _____

First Aid Consent for under 16s

In the event of my child requiring first aid, I hereby give permission for a first aider present at PDSW, to carry out the necessary procedures.

Signed: _____ Print: _____ Date: _____

Class Pick-Up Consent (for under 16's only) (Please tick and sign the appropriate statement:

I give my child permission to leave the premises after class

I will be responsible for the pickup and signing out of my child up from the foyer after each class

Signed: _____ Print: _____ Date: _____

Thank you for completing this form. All information is confidential and will not be passed on to third parties.