



Registration Form

Name.....

Date of Birth.....

Address.....

..... Postcode.....

Name of main Parent/Carer.....

Telephone (Home) (Mobile)

Email Address

Where did you hear about The Knights Academy of Dance?
.....

*Please advise 'The Knights Academy' if your child has any disabilities, behavioral or medical needs that you feel we should be aware of.....

*I understand that the teaching of dance sometimes involves the teachers having physical contact with my child and I give permission for this. Please initial.....

*From time to time, The Knights Academy or the press may take photos of the classes, which may be used for promotional purposes. I agree/disagree (please delete as appropriate).

*To the best of my knowledge, unless I have advised otherwise, my child is fit and healthy.

Signed by

Parent/Carer..... Date.....