

DanceDomain - Pupil Registration Form SWALE

NOTICE: Please complete this form using Block Capitals
The information is held for the safety and well being of your child. The information will under no circumstance be passed on to a third party.

Important Please Answer This: HOW DID YOUR HEAR ABOUT DANCE DOMAIN?

Pupils Details:

Forename:	
Middle Name:	
Surname:	
Date Of Birth:	
Sex:	Male / Female

Pupils Home Address:

House No:	
Address Line 1:	
Address Line 2:	
Town:	
County:	
Post Code:	

Pupils Contact Details If over 16yrs

Home Tel:	
Mobile Tel:	
Email Address:	

Parent / Guardian Details:

Name:	
Mobile Tel:	
Emergency Tel:	
Email Address:	

Medical Info:

Allergies:	
Medical Conditions:	
Notes:	

Parents Consent:

I consent that my child can be included in any photographic or video graphic material that is used by DanceDomain advertisements/features or 3 rd Party TV programs – DVD's.	Signature Required:
Consent to allow pictures of my child to be included on any website owned or connected to DanceDomain	Signature Required:
I wish for my child to be considered for Competitions in the future, once they reach a required standard.	Signature Required:

Have you entered your email address so we can keep you up to date on what is happening?