

**Application and registration Form 2015 into 16**

**Name:**

**Age:**

**Date of Birth:**

**Home Address:**

**E-Mail:**

**Home Telephone:**

**Mobile Telephone:**

**Emergency Contact :**

**School:**

**Indemnity**

In the unlikely event of an injury or accident, I agree to the student (named above) receiving medical treatment which may include the administration of an anaesthetic.

**Over 18 can authorise their own indemnity**

Please list any known allergies or medical conditions:

………………………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………………………

**Photographic & Video Consent Form**

I give authorisation for Instep Dance Company to use images of my son/daughter. I understand that if I no longer wish these images to be used, I can notify Instep Dance Company in writing to that effect. Such a withdrawal will not be retrospective.

\* please circle correct option from below

\*I give permission for medical intervention **and** video and photographic consent

\*I give permission for medical consent but **not** for video/ photographic consent

Signed by Parent/Guardian:……………………………………………………………………………………………………………………………………………………

Name (Please print):……………………………………………………………………………………………………………………………………………………………….

Date:……………………………………………………………………………………………………………………………………………………………………………………….

**Pay Policy 2015**

**Agreements**

|  |  |
| --- | --- |
| **Name of child** |  |
| **Date of birth** |  |
| **1** | **I agree to pay the fees in the first week of each term**  |
| **2** | **I understand that if I do not pay within three weeks of term starting my child’s place may be withdrawn** |
| **3** |  **I agree to let Instep know if I no longer want a place in this Class**  |
| **4** | **I understand that fees are payable for every session regardless of whether my child attends.** |
|  |  |

Please complete and send to Jackiemortimer@icloud.com

**For Office use only:**

|  |  |  |
| --- | --- | --- |
| **Application response to parent / guardian** | **Date**  | **E mail/ phone call/ word of mouth**  |
|  |  |  |
| **Date joined**  | **Class** |  |
|  |  |  |