



Application and registration Form 2025 into 26

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 , Lila Dance and any affiliated parties 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:.....

Instep Dance Company will use the information you provide on this form to be in touch with you and to provide updates relating to Instep Dance Company classes and performances ONLY. We will treat your information with respect and will never forward or sell your information on to a third party. By signing this form, you agree that we may process your information in accordance with these terms. You can change your mind at any time by viewing your profile on the mailing list once you receive your first communication and/or any email you receive from us, or by contacting us at instep@brockhill.kent.sch.uk

Pay Policy 2025/ 26

Agreements

| | |
|----------------------|---|
| Name of child | |
| Date of birth | |
| 1 | I agree to pay the fees via the online booking system BEFORE each term starts. Failure to meet this deadline will result in a request to make a late payment fee |
| 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. |
| | |

For Office use only:

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