

Registration Form



PLEASE FILL ALL SECTIONS USING CLEAR PRINT – THANK YOU

Section 1: Student details

Surname.....
Forename.....
Middle name (s).....
Chosen name.....
Gender: Male/Female Date of Birth.....
Address:
.....
.....
Home telephone.....
Mobile
Email address.....

Section 2: Emergency contact Details (next of kin)

Name..... Relation
Contact no:

Section 3: Medical Information

Knowledge about your health is vital to ensure a duty of care whilst attending sessions. Would you therefore supply the following information. This information will be available to relevant staff supervising sessions only

GP's Name.....
Telephone no.....
Address of practice:

Do you suffer from: Do you have any problems with:

Asthma Epilepsy Diabetes Serious Allergies

Mobility Hearing Speech Vision

Any other medical conditions, if yes, please give full details:

Section 4: Permissions:

I agree that I can have my (my child's) photograph and video taken and these may be published in Dance School related literature, media and website.....

I agree that my personal data can be held confidentially for contact details and distribution of news.....

Liability Waiver

I (the "Client") understand and agree that in participating in any dance class, workshop, rehearsal or performance, whether in the studio or online, there is a possibility of physical injury. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any dance classes provided by Tomasz Wezykowski or/and Iaroslava Perederii, class volunteers, assistants, employees, guest artists and/or students (this includes but is not limited to classes, rehearsals, performances, or activities). I also exempt, release, and indemnify Tomasz Wezykowski and /or Iaroslava Perederii, their guest teachers (in an event of a workshop or joint floor hire/session) and/or any students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, or injury, to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted Tomasz Wezykowski and /or Iaroslava Perederii. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Tomasz wezykowski and / or Iaroslava Perederii, class volunteers, assistants, employees, guest artists and/or students liable for such damage, loss, or injury. I understand that I should be aware of my and my child's physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Permission is granted to Tomasz Wezykowski and Iaroslava Perederii to use photographs of students for publicity purposes.

Signature

Date.....