

Performing Feet

Week of Dance, Drama and Musical Theatre Application Form

July 25TH—28TH 2013 inc

To be completed by Parent/Guardian

Student's Name: _____

Parent's/Guardian's Name: _____

Address: _____

Postcode _____ Telephone No.: _____

Email: _____ Mobile: _____

Date of Birth: _____ Chest/ bust size for T Shirt _____

Dance Teacher _____ Dancing/Drama School: _____

Cost of course £180.00 -Theatre ticket cost to be advised
Health Declaration

- | | | |
|---|-----|----|
| 1. Any pre-existing medical conditions/disabilities?
(if yes please provide details) | Yes | No |
| 2. Prescribed medication required during course?
(if yes please provide details) | Yes | No |
| 3. Any allergies?
(if yes please provide details) | Yes | No |

Emergency Contact Numbers: _____

I confirm all details given on this application are correct and give my consent for my child to be accepted on the course. I have completed the above health declaration. I do not mind photos or video being taken.

Signature: _____

Date: _____

**Please return with non refundable deposit of £80.00 payable to NMTS
balance due July 1st 2013. This may be made in instalments
32, Sea Lane Gardens, Ferring-by-Sea, Sussex BN12 5EG 01903 249962 /
text 07789 860413 OR Janet on 07769 934634**

Terms and conditions

You may wish to consider your own insurance to cover cost of non attendance due to sickness or injury

FULL REFUND will be given if for any reason the course does not run

If you do not wish your child to be photographed or videoed you must please ensure you let us know in writing.
Due to the nature of the course there may some interaction of staff and pupils for correction purposes as is normal
with dance etc.

We reserve the right to alter the content of the course if necessary at any time