The Starlets Performing Arts School

**REGISTRATION FORM 2019**

Name........................................................................................................................................................

Date of Birth................................................................................................................................................

Address............................................................................................................................................................

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Contact Telephone Numbers...........................................................................................................................

Email Address- (This will be used as a point of contact)................................................................................

Doctors Information........................................................................................................................................

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Any allergies including food...........................................................................................................................

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Any relevant medical information...................................................................................................................

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In the case of an emergency please contact

1.) Name………………………………………………….Number……………………………….................

*relationship to child*.........................................................................................................................................

2.) Name………………………………………………….Number……………………………….................

*relationship to child*.........................................................................................................................................

**Privacy, GDPR & Code of Conduct acknowledgment consent**

I give permission for any photographs or video to be taken of my child while attending the school. I also agree that these photographs and video can be used in any way with reference to the Starlets both publicised and online including social media. I understand that a hands on approach and physical contact may be used in class to create certain lifts and help with technique. I understand that the Starlets take no responsibility for accidents that occur during training / performances. I understand that after a given 4 weeks of missed classes has expired classes have to be paid in full, and that should my child wish to no longer take a class or be part of The Starlets that a period of 4 weeks paid notice be given to Mrs Kerry Daisley.

I confirm that I have read and understood the policies shown on our website ([www.thestarlets.co.uk](http://www.thestarlets.co.uk)), I understand that it is my responsibility to familiarise myself with these polices regularly. I also agree to the Starlets School of Performing Arts contacting me via the email address supplied with informational emails only.

Signed..............................................................................................................................................................

Print………………………………………………………………………Date..............................................