

Nicola's School of Dance

Please complete this form to allow us to update our records

Full Name:	
Address:	
Date of birth:	
Home number: Mobile number:	
Email:	
Parent/Guardians Names:	
Please note below any other points which you may think we need to know, e.g. Allergies/Asthma/Epilepsy/Diabetes:	
In the event of a emergency where medical treatment may need to be administrated it is required that parents/guardians give permission for such treatment. Obviously in such an event every effort would be made to contact parents/guardians personally. However, in cases where this proves impossible it is imperative that permission is given. Please read and sign the following agreement.	
I agree that medical and dental treatment may be given to my son/daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency. In accordance with the recommendation of a qualified medical practitioner, and give permission for an instructor from Nicola's School of Dance to sign on my behalf for such treatment.	
I agree that photos and videos may be taken and used for marketing purposes by Nicola's School of Dance.	
I agree with the published terms and conditions as available at www.nicolasschoolofdance.co.uk	
Please tick this box if you do not wish to receive the emailed newsletter from Nicola's School of Dance	
Signed :	Date:
Should an emergency occur and I cannot be contacted please contact this relative/close friend:	
Name:	Telephone Home:
	Mobile: