



FLIPSIDE SUMMER DANCE SCHOOL

VENUE: COBHAM VILLAGE HALL KT11 2LU
ACS INTERNATIONAL SCHOOL KT11 1BL

REGISTRATION FORM

To be completed by Parent/Guardian

STUDENT DETAILS

NAME.....AGE.....DOB...../...../.....

ADDRESS.....

.....

POSTCODE.....

PARENT/GUARDIAN CONTACT DETAILS

NAME.....RELATIONSHIP TO CHILD.....

TELEPHONE NUMBERS: HOME:.....MOBILE:.....

WORK:.....EMAIL.....

EMERGENCY CONTACT:.....TEL NO.....

DANCE EXPERIENCE

In order that each child achieves its maximum potential at the Summer School it is imperative that they are placed into the correct group, according to their previous dance experience. The information provided below will help us ensure this is possible.

How many years of dance experience do you have?.....

Please circle which areas of dance you have experience in:

JAZZ HIP HOP/STREET TAP BALLET LYRICAL/CONTEMPORARY MUSICAL THEATRE

Do you have any dance exam certificates? If so, in what style and to which grade have you obtained?

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Do you have any performing experience? If so, what shows have you taken part in?

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Please add any additional dance/performing experience that you may have had below, continuing on a separate sheet if necessary.

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MEDICAL HISTORY

Please complete the following section accurately. All details will be retained on file for Health & Safety purposes. Does your child suffer from any of the following?

ASTHMA YES/NO **DIABETES** YES/NO **EPILEPSY** YES/NO

If yes to any of the above please give details:.....
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Does your child suffer from any allergies? YES/NO. If yes please give details.....
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Is your child currently taking any medication or receiving any ongoing medical treatment? YES/NO.
If yes please give details:.....
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Has your child ever suffered from any dance related injuries? YES/NO. If yes please give details:.....
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Is this injury ongoing? YES/NO. If yes please give details:.....
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As part of the Summer School, video and photographs will be taken throughout the week and at the Showcase on the Friday afternoon, which you will receive a copy of. By signing the form below, you will be agreeing to your child being included. Please be aware that some of these images may also be used for future promotional purposes.

I accept that all the information contained within this form is accurate to the best of my knowledge and agree to my child being filmed and photographed as part of the Summer School.

PARENT/GUARDIAN.....SIGNATURE.....DATE.....

Where did you hear about FSD Summer School?:.....

Please scan all completed forms and email to secretary@flipsidedance.co.uk

**Payments should be made via bacs transfer: Sort code; 40-07-30 Account Number; 51604147.
If cheque is preferred please make it out to 'Mrs D Rich' and post to 9 Farnham Close, West Sussex, RH11 9RA.**