



CONSENT FORM
SEPTEMBER 2015- SEPTEMBER 2016

PLEASE COMPLETE ALL INFORMATION TO THE BEST OF YOU KNOWLEDGE. ALL INFORMATION REMAINS STRICTLY CONFIDENTIAL

NAME:	D.O.B:	AGE:
ADDRESS:	CONTACT NUMBER:	EMERGENCY CONTACT:
POSTCODE:		
EMAIL ADDRESS:	FACEBOOK NAME:	TWITTER:

WHO IS AUTHORISED TO COLLECT YOUR CHILD?.....

DOES YOUR CHILD HAVE A MEDICAL CONDITION WE NEED TO BE AWARE OF? YES/NO

(If yes please give details).....

I understand that if my child has to take medication whilst at the dance sessions/instructors hold no responsibility for the administration of medication: YES/NO

Does your child have any allergies? YES/NO (If YES, please state).....

Is there anything else the company should be aware of with regards to your child’s wellbeing? YES/NO

(If yes please give details).....

You consent to your child having any medical treatment in the event of an accident, unconscious or unable to respond? YES/NO

PHOTOGRAPHY AND FILM

The company may take photographs and film sessions for advertising and publicity material. I *do/do not allow my child to be included in this.

Photographs and film may also be used for the company website. I *do/do not allow my child to be included in this.

CLASS ETIQUETTE

I understand the following of what is expected of my child:

- All children should wear acceptable clothing. NO SKIRTS, DRESSES, UGG BOOTS, SANDALS. If your child is not dressed correctly they may be asked to sit out or dance in bare feet.
- Once your child has left the building, Reflections Dance Company hold no responsibility for your child.
- Respect for the teacher and fellow students is expected of all children at all times. Reflections Dance Company has the right to dismiss any child from class or from the company if continually disrupting the class or disrespecting the company rules.
- ***In the rare event that a class should be cancelled, do not accept notification from anyone other than Laura Holland or Lyndsey Bailey. We will contact you personally by our usual contact numbers. Please ask if you do not have our contact details.***

SIGNED:..... DATE:

PRINT NAME:.....