

REGISTRATION FORM



PUPIL'S DETAILS

FIRST NAME	
LAST NAME	
DATE OF BIRTH DD/MM/YYYY	MALE / FEMALE
ADDRESS	
TEL NO.	
MOBILE NO.	
EMAIL*	

*please provide a current email address so that we can send you updates and any relevant information

PREVIOUS PERFORMANCE EXPERIENCE/TRAINING

Please list any previous performance experience / performing arts training that is relevant to your study	
Please list any previous qualifications gained in the performing arts such as vocal / instrumental / acting exams passed	

MEDICAL DETAILS

ANY KNOWN ALLERGIES/MEDICAL CONDITIONS (Asthma, Diabetes, Medicine or Food allergy)
ANY DISABILITY OR LEARNING DIFFICULTY (Dyslexia, ADHD)

EMERGENCY CONTACT DETAILS

IN CASE OF EMERGENCY PLEASE CONTACT	
DAYTIME TEL NO. EVENING TEL NO.	

PHOTO CONSENT

Occasionally, classes and performances at The TARGET Drama Service may be photographed for advertising and publicity purposes. This may include photographs for Newspapers or Websites. Please indicate below if you DO NOT give your consent for your child's image to be used in this way. Any photos taken will be made available to parents.

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DECLARATION: TO BE COMPLETED BY PARENT OR GUARDIAN ONLY

I attach a passport photograph of my child with his/her name clearly printed on the back. I undertake to inform the staff of the Drama Service of any changes to the above information as soon as it occurs.

I also understand that the completion of this form constitutes a written contract between myself and The TARGET Drama Service, and that I must give **a half term's notice in writing, or fees in lieu**, if I wish to discontinue my child's tuition. I understand that sessions are £3.30 per session, and take place weekly.

I acknowledge that I am the parent/guardian of the child listed below, have read, and I understand and agree to abide by the terms and conditions, as laid out in this contract, and have had the opportunity to ask any questions.

CHILD'S NAME	
SIGNED	DATE