

# YEAR 2 STREET DANCE



The information you provide in this form will be used to assess whether your child is at risk of injury and, in case of injury, to contact next of kin. It is confidential and will not be shown to anyone except the teaching staff

**Full Name of Dancer.....D.O. B.....**

**Email Address of Parent/Guardian.....**

**Emergency..... Contact Name .....**

**Telephone.....Mobile.....**

**Child's Class..... Child's Year .....**

Dancers Health History

Does your child have any medical conditions or injuries that the teacher needs to be aware of? If so, please detail below

## Parental Consent

**BY FILLING IN THIS REGISTRATION FORM, YOU ARE REGISTERING YOUR CHILD TO TAKE PART IN THE AFTER SCHOOL STREET DANCE CLUB AT OATLANDS SCHOOL AND GIVING CONSENT TO THE FOLLOWING:**

- I give permission for my child to receive basic first aid, including the application of plasters, if necessary.
- I understand the nature of activity involved in street dance and certify my child is medically fit to participate.
- I agree that Street dance teachers will not be liable for any losses, damages or injury to my child and their property.

Please send your completed registration form to Laura Chilver through email [ltd89@hotmail.co.uk](mailto:ltd89@hotmail.co.uk) or hand into the school office. Please **DO NOT** send payment until you have been advised that your child has been allocated a place!

**TERM 2 (12 SESSIONS). Once your place has been confirmed**, please make payment of **£84.00** via BACS using your child's name as the reference

Barclays Account Name: Mrs L Chilver

Sort Code: 20-90-56

Account Number: 03895513

**PARENT NAME..... SIGNATURE.....**