



INTENSIVE DANCE & FITNESS WORKSHOP STUDENT REGISTRATION FORM

Student's Full Name	
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Student's D.O.B.	
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Address	
	Post Code

Home telephone Number	
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Parent/Guardian 1 Full Name	
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Mobile phone Number	
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Parent/Guardian 2 Full Name	
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Mobile phone Number	
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Email addresses	1.
	2.

Name of school that student attends if applicable:

LIST ANY OTHER CONTACT NUMBERS, OVER PAGE, OF WHO TO CONTACT IN THE EVENT OF AN EMERGENCY, PLUS ANY ADDITIONAL INFORMATION YOU THINK RELEVANT

PARENT/GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGNATURE

X

Date	
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OFFICE USE ONLY

Week Number _____ Deposit paid date _____ Method (csh)(chq)(payp)

Pre/post (yes) (no) MedQuest [] let 1 [] let 2 [] let 3 []



WORKSHOP BOOKING FORM

Registration number
Office use only

Student's Full Name

1. Does your child have any medical condition or injury that would make the activity he / she has chosen to attend unsuitable? Yes/No*

*If yes please give full details

2. Does your child have any allergies that we should be aware of Yes/No*

*If yes please give full details

3. Does your child have any learning, reading or behavioural difficulties? Yes/No*
 Please include anything else that you think that we need to be aware of:

*If yes please give full details

I understand that Lutterworth Performing Arts Centre, Home of Lutterworth Youth Theatre Academy, have the right to refuse access to courses based on the information given above.
 (Must be signed by Parent or Legal Guardian only).

PRINT NAME

PARENT/GUARDIAN SIGNATURE

x

Date



LUTTERWORTH YOUTH THEATRE ACADEMY
 Lutterworth Performing Arts Centre, Hall Park, Hall Lane,
 Lutterworth, Leicestershire. LE17 4LN
 01455.553878
 www.lyta.co.uk



Student's Full Name

Registration number
 (Office use only)

TERMS & CONDITIONS

I am legally responsible for the above named person. I wish the above named student to be enrolled in the following workshop and I understand that this application is not a guarantee of a placement, as successful booking of the course will be dependent on places being available and sufficient numbers of students for the course to be run

'Intensive Dance Workshop'
Monday 10th April to Thursday 13th April
10.00 am – 12.00 pm

Fee £40	
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Declaration:

I agree that my child will adhere to the dress code policy of the Academy. I also agree that my child may be photographed and filmed as per the Future Faces Theatre School prospectus. I acknowledge that I must pay the full fee of £40 prior to **1st April 2017**. Spaces are limited and I understand that there will be no refund for non attendance.

I agree to notify the school of any changes in the student's medical condition prior to course commencement.

I agree to notify the school of any changes in respect of contact details prior to course commencement

I agree to notify the school in the event of the student being unable to attend any of the sessions

PRINT NAME

PARENT/GUARDIAN SIGNATURE

X

Date