



Summer Rose Performing Arts

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Registration Form

Full Name of Child:

Name of Parent/ Guardian:

Age:

Date of Birth:

Address:

Home Telephone Number:

Mobile Number:

Email :

Emergency Contact:

Name:

Relation:

Telephone:

2nd Emergency Contact:

Name:

Relation:

Telephone:

Medical Information (i.e Allergies/ Medication taken):

Classes you wish to sign up for:

Welcome to Summer Rose Performing Arts!



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Consent Form

- ☆ I understand that the teaching at 'Summer Rose Performing Arts' requires teachers to occasionally have physical contact with my child and I give permission for this.
- ☆ 'Summer Rose Performing Arts' will have first aid kits available at all classes, exams and shows. In case of minor injury, I give permission for simple medical aid to be given. On the small chance that an incident did occur where the incident is more serious, I give permission for a doctor/ emergency services to be called should the teacher feel it was appropriate. You, the parent/ Guardian, will be of course be contacted immediately should injury/illness occur.
- ☆ Every now and then, 'Summer Rose Performing Arts', may take photos and video footage within the dance classes, shows and exams. These may be used for promotional purposes or on our website. To comply with the Protection of Children Act 1978, we must have the parent/ guardian's permission before we can do this. This document will consent to this unless you have informed us that you do not give permission.
- ☆ To the best of my knowledge, unless stated in the registration form, my child is fit and healthy.
- ☆ I understand that a full term's notice is required if my child/children wish to leave the school.

Childs Name: _____

Parent/ Guardian Signature: _____ **Date:** _____