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| **Venue: Astral Sports Park & Community Centre, Leighton Buzzard**  |
|  Name:  |  Age: Year Group: | page1image55314048  |
|  Parent/Guardian:  | Ballet Musical Theatre Street Dance Mini MoversEncore Elite |
|  Address:  |
|  Town:  |  Postcode:  |
|  Home No:  |  Mobile No:  |
|  T – Shirt size 3-4yrs 5-6yrs 7-8yrs 9-11yrs 12-13yrs 14-15yrs |
|  Email Address:  |
|  Nationality:  |
|  Does your child have any allergies? Yes/No If Yes, please give details:  |
|  Does your child suffer from any disability, learning difficulty or health problems? Yes/No If Yes, please give details: Do you give permission to administer medicine and or basic first aid to your child if necessary? Yes/No  |
| Do you give permission for Encore School of Performing Arts to photograph and or video your child for advertising use only? (Children’s names will not be stated) * Flyers/Posters Yes/No
* Facebook/Instagram Yes/No
* Website Yes/No

Please list any special skills or previous performing arts experience: |
| I confirm that the above information, to the best of my knowledge is correct.Parent/Guardian Name : Date:  |
| DBS checked, First Aid trained, hold public liability & members of the I.D.T.A |