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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 Movers  Encore 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 | | |