The Starlets Performing Arts School

**REGISTRATION FORM 2023**

Name........................................................................................................................................................
Date of Birth................................................................................................................................................ Address............................................................................................................................................................ ......................................................................................................................................................................... .........................................................................................................................................................................
Contact Telephone Numbers.........................................................................................................................
Email Address- (This will be used as a point of contact)................................................................................
Doctors Information........................................................................................................................................ ......................................................................................................................................................................... .........................................................................................................................................................................
Any allergies including food........................................................................................................................... ......................................................................................................................................................................... ........................................................................................................................................................................
Any relevant medical information................................................................................................................... .........................................................................................................................................................................
In the case of an emergency please contact
1.) Name..........................................................Number.....................................................

 relationship to child.........................................................................................................................................

2.) Name..........................................................Number.....................................................

relationship to child.........................................................................................................................................

3.) Name..........................................................Number..................................................... relationship to child.........................................................................................................................................

**Privacy, GDPR, Safeguarding and Code of Conduct acknowledgment consent.**

I give permission for any photographs or video to be taken of my child while attending the school. I also agree that these photographs and video can be used in any way with reference to the Starlets both publicised and online including social media. I understand that a hands on approach and physical contact may be used in class to create certain lifts and help with technique. I understand that the Starlets take no responsibility for accidents/ Injuries that occur during training / performances. All classes and performances are taken at own risk. I understand that after a given 4 weeks of missed classes has expired classes have to be paid in full, and should my child wish to no longer take a class or to be part of The Starlets that a period of 4 weeks paid notice must be given to Mrs Kerry Daisley.
In the highly unlikely event of first aid being required I give permission that a trained first aider will attend to my child in whatever means necessary. I will inform the school of any known allergies as part of their induction.

I confirm that I have read, understood and accept the policies shown on our website (www.thestarlets.co.uk).
I understand that it is my responsibility to familiarise myself with these polices regularly. I also agree to the Starlets School of Performing Arts contacting me via the email address supplied with informational emails only.

Signed.............................................................................................................................................................. Print.................................................................................Date..............................................