

Registration / Medical Information Form – Under 18 participants

Parent/Guardian:

Child's Name:

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Address:

Email:

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Telephone Numbers:

Mobile:	Name: Number: Relationship to child	Name: Number: Relationship to child
Home:	Name: Number: Relationship to child	Name: Number: Relationship to child
Work:	Name: Number: Relationship to child	Name: Number: Relationship to child

Medical Information:

List of all known medical conditions and allergies including food allergies:

List of all known medicines:

RESIDANCE Studios will be unable to administer medicines of any sort. This includes the use of Elasterplast. Should your child be unwell during class the contact details given above will be contacted unless a parent or guardian is on site. Please inform RESIDANCE Studios as soon as possible to any changes to the above information.

Please note: It is important to inform the teacher before starting any class if your child has any injuries or illnesses. By allowing my child to attend class I understand that there can be a risk of injury during a dance lesson, as there is with any kind of sport or physical activity, and therefore release RESIDANCE Studios and it's teaching staff from any liability.

Signature

Printed Name

Date