



# KEYWORTH SCHOOL OF THEATRE DANCE

## REGISTRATION FORM

Name of pupil/s .....

Date/s of birth .....

Name of parents/carers .....

Address .....

Postcode .....

Landline .....

Pupil email .....

Parent/carer email .....

Pupil mobile .....

Parent/carer mobile .....

Is there anything we should be aware of (e.g. allergies, injuries etc)?

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How did you find out about KSTD? .....

Parental consent: we would like to be able to include photographs and video footage on the dance school's website or on notice boards at the studio. We would also like to be able to take photographs and video footage in the studio or the theatre. The photographs will not be displayed with names of pupils. Please therefore complete as appropriate and sign below:

- Use of image in the media (local publications) YES  NO
- Use of image on KSTD social media (Facebook/Twitter/Instagram) YES  NO
- Use of image in KSTD publications/show programmes/notice board YES  NO
- Use of image on KSTD website YES  NO
- Use of video footage as part of dance training/workshops/shows/rehearsals/advertising YES  NO

Comments.....

- I have read and agree to the terms stated in the Data Protection Regulation Policy YES  NO
- I have read and agree to the Payment Terms and Conditions Policy YES  NO
- I give consent to my child receiving medical attention and KSTD staff to act in loco parentis in the event of sustaining an injury/having an accident on the premises YES  NO

Pupil collection arrangements: as stated in our Child Protection Policy no children of school Year 6 and under are permitted to leave the premises without a designated adult unless we have been made previously aware in writing they are permitted to leave alone.

Parent's/Carer's signature..... Date.....  
(or student's if 18+)

Office Use only

Class/es Joined.....