



KEYWORTH SCHOOL OF THEATRE DANCE

REGISTRATION FORM

Name of pupil/s	.....
Date/s of birth	.....
Name of parents/carers	.....
Address	..........
Postcode	.....

Pupil email	.....
Parent/carer email	.....
Pupil mobile	.....
Parent/carer mobile	.....

In case of emergency, please provide details of two people, in contact order priority

Priority 1 name..... Phone number

Priority 2 name..... Phone number

Is your child medically fit to attend dance classes and participate in performances?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your child performed in any other performances (aside from at school) in the last 6 months? If Yes please provide details:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your child attend any other performing arts related activities? If Yes please provide details:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there anything we should be aware of (e.g. allergies, injuries etc)? If Yes please provide details:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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

Policies Agreement (to view please follow the links below or go to our [website](#))

I have read and agree to the terms stated in the KSTD [Covid-19 Policy](#) YES NO

I have read and agree to the terms stated in the [General Data Protection Regulation Policy](#) (GDPR) YES NO

I have read and agree to the [Safeguarding Children Policy](#) and the [Child Protection Guidelines](#) 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 Guidelines no child of school Year 6 and under is permitted to leave the premises without a designated adult unless we have previously been made aware in writing that they are permitted to leave alone.

Parent/Carer name.....
(or pupil's if 18+)

Parent/Carer signature
(or pupil's if 18+)

Date.....

Office Use only

Class/es Joined