

## REGISTRATION FORM

PROGRAM/ CLASSES (DANCE SCHOOL - ballet, HIP HOP, Break Dance, Jazz, Contemporary, Irish etc., DRAMA SCHOOL - Musical Theatre, WORKSHOP, EVENT, etc.):

START DATE: \_\_\_\_\_

PARTICIPANT`S FIRST, MID and LAST NAMES:

PARTICIPANT`S BIRTHDATE \_\_\_\_\_

PARTICIPANT`S SPOKEN LANGUAGES: \_\_\_\_\_

SPECIAL NOTES, e.g. medical treatments, food preferences, allergies, etc.

\_\_\_\_\_  
\_\_\_\_\_

CONTACT FIRST & LAST NAMES: \_\_\_\_\_

CONTACT PERSON`S E-MAIL: \_\_\_\_\_

PHONES (all emergency phones please): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you allow pictures to be used on our marketing materials, website or social media? \_\_\_\_\_

Do you want to receive our news and informations per e-mail? \_\_\_\_\_

Where did you hear about us? (for new registrations) \_\_\_\_\_

Did you read our Rules & Polices: \_\_\_\_\_

Do you agree with our Rules & Polices: \_\_\_\_\_

\_\_\_\_\_  
Date, place

\_\_\_\_\_  
Signature