

Office Use only



ADULT REGISTRATION CONTRACT

Please complete details clearly and return this form to your teacher at your next class. If you are a new customer, please also enclose the £15 registration fee.

Today's Date Date joining school.....

Name..... Date of Birth (optional).....

Contact Address (including post code).....
.....

Contact Phone no.....

In case of emergency Phone no.....

e-mail(compulsory).....

VENUE OF CLASS (please circle)

HOLTSPUR TUESDAY - BCA SATURDAY

TIME AND TEACHER OF CLASS

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Any medical conditions we should know about? Please provide details below.
If you need to provide us with a specific care plan please contact the office.

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Please see our website www.patsteelschoolofdance.co.uk for full details of our updated terms and conditions, privacy policy, safeguarding policy, photography, video and social media policy.

Please note we invoice termly and you will be automatically enrolled each term.
We simply require half a term notice in writing, if you wish to leave.

I have read and fully understood the above policies and terms and conditions and agree to abide by them. I agree to be contacted via email.

Signed.....Dated.....



FIRST AID CONSENT FORM

Today's Date

Name

Date of Birth (optional)

I **do/do not** give permission for first aid to be administered to me by teachers or admin assistants of the Pat Steel School of Dance **(Please delete as applicable)**.

Signed.....Dated.....



PHOTO/VIDEO CONSENT FORM

Today's Date

Name

We would be grateful if you would fill in this form to give us permission to take photos of you.

We sometimes use videos and photographs as teaching aids, and also for use in our printed and online publicity.

We will not name or tag you in a photograph unless permission is granted at the time of publication or posting.

PLEASE COMPLETE AS APPLICABLE-

I **do/do not** give Pat Steel School of Dance permission to take photographs and/or video of me to use as teaching aids within the classroom.

I **do/do not** give Pat Steel School of Dance permission to take photographs and/or video of me to use for use for marketing purposes, including social media.

By allowing us to take these images you grant the Pat Steel School of Dance full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in our printed and online publicity, social media, press releases and funding applications.

I have the right to ask for any images to be removed at any point by contacting the office.

Please make sure you have read our photography, video and social media policy which can be found on our website, www.patsteelschoolofdance.co.uk, before signing and returning this form.

Signed.....Dated.....