



## Membership Form

Name of Child: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Address Information

House Number and Street:

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

Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Details

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Any Medical Information e.g Allergies etc..**

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## **Photography and Social Media**

**Do you consent for your child to be photographed and filmed during classes and performances?**

**YES/NO**

**Do you consent for the photographs and videos to be posted on Social Media to help advertise our academy?**

**YES/NO**

**Signed by Parent**

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**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signed by Academy**

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