

**Full Name of Dancer.....D.O. B.....**

**Emergency Contact Name.....**

**Child's Class..... Child's Year .....**

Does your child have any medical conditions or injuries that the teacher needs to be aware of? If so, please detail below

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**BY FILLING IN THIS REGISTRATION FORM, YOU ARE REGISTERING YOUR CHILD TO TAKE PART IN THE AFTER SCHOOL STREET DANCE CLUB AT OATLANDS SCHOOL AND GIVING CONSENT TO THE FOLLOWING:**

- Please send your completed registration form to Laura Chilver through email [ltd89@hotmail.co.uk](mailto:ltd89@hotmail.co.uk) or hand into the school office. Please **DO NOT** send payment until you have been advised that your child has been allocated a place!

Once your place has been confirmed, termly fee information and payment details will be sent via email by Laura Chilver.

PARENT NAME..... SIGNATURE.....