

DIZZYFEETDANCING

dance more, worry less



CHILDRENS CLASSES REGISTRATION FORM – ONE FORM PER CHILD

Please complete in **BLOCK CAPITALS**

Name _____ DOB _____

Parent/Guardian Name _____

Address _____

_____ Post Code _____

Telephone/Mobile _____

Email Address _____

In Emergency please contact _____

Any known medical issues/injuries etc _____

Terms & Conditions

I release Dizzyfeet Dancing from liability for any injuries sustained by my child whilst participating in dance activities under the care of Dizzyfeet Dancing howsoever caused.

I agree and accept that Ballroom & Latin dancing in its very nature requires contact between students and that of the teacher and assistants. In addition I accept that my child may well require the teacher or assistant to make contact or manoeuvre body placement from time to time to help in the learning process.

I hereby give consent to Dizzyfeet Dancing to use photographic or video footage of my child participating in performances or classes for marketing purposes on our website and/or officially affiliated social media sites.

Please tick this box to confirm that you have read the above and agree to our terms and conditions

We'd love to keep in touch with you via email or SMS on class updates and upcoming events at Dizzyfeet Dancing. Please be assured that we'll treat your information with the utmost care and will never sell it to other companies for marketing purposes. Plus we'll not clog up your inbox, flood your doormat or fill up your voicemail!

You can stop receiving information from us at any time. Just email or SMS 'STOP' to our contact details.

Yes I would like to receive updates/notifications/vouchers via email, SMS or post

Parent/Guardian signature _____ Date _____