DANCE ADDICTS – REGISTRATION, WAIVER and PAR-Q

This form MUST be truthfully and accurately completed by the parent/guardian of ALL participants aged 0-18

If you are leaving your child at a class or your child is attending a competition or event you MUST provide emergency contact details so that a guardian can be contacted immediately in an emergency.

Student Name:…….

Parent/Guardian Name…… Relationship to child/student: ……

EMERGENCY CONTACT DETAILS: Name:……..Number:…….

Alternative emergency contact details: Name:…….. Number:…….

I give permission for first aid to be administered, an ambulance to be called, hospital or doctor treatment to be carried out in the instance of a medical emergency. Yes ☐ No ☐

Student age: ……Student D.O.B…….

Parent/Guardian Postal Address:…….

Parent/Guardian email address:……..

By providing my email address I am giving permission for Dance Addicts to contact me with details of offers, events and promotions ☐

PLEASE DETAIL ANY MEDICAL/PHYSICAL OR SPECIAL NEEDS, E.G. ASTHMA, EPILESPSY, DIABETES, ALLERGIES, CURRENT OR PREVIOUS INJURIES. PLEASE NOTE ANY MEDICATION OR CARE WHICH THE STUDENT MAY REQUIRE DURING DANCE LESSONS/EXAMS?COMPETITIONS. PLEASE CONFIRM THAT ANY MEDICATION OR CARE THE STUDENT REQUIRES IS WITHIN THE POSSESSION OF THE STUDENT OR CARER AND THAT THE CARER WILL BE AVAILABLE TO GIVE SAID MEDIACTION OR CARE SHOULD IT BE REQUIRED……
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1. Student has a bone or joint problem that could be worsened by physical exercise? Yes ☐ No ☐
2. Student has heart/circulatory issue that could be worsened by physical exercise? Yes ☐ No ☐
3. Does your child suffer from asthma affects him or her during physical activity? Yes ☐ No ☐
4. Have they been advised NOT to exercise due to having asthma? Yes ☐ No ☐
5. Do you know of ANY other reason why your child should not participate in or should take extra care in physical activity including dance? Yes ☐ No ☐

RECOMMENDATION

If you have answered yes to any of the questions above then we ask that you obtain your doctors consent before they commence participating in these classes or any physical activity.

AGREEMENT

- I am aware of and understand the potential risks of partaking in physical exercise. My child/the student is voluntarily participating in these activities with a knowledge thereof
- It has been explained to me and I understand that if I answered YES to any question 1-5 above and I have not obtained my GPs approval for my child to participate then I am allowing my child to participate entirely at my own risk.
- I have read, understood and completed this form accurately and honestly.
- I have been given the opportunity to ask any questions about the activities/classes/equipment. Any questions that I have asked have been answered to my satisfaction
- This form has been completed accurately to the best of my knowledge and belief
- I UNDERSTAND THAT IF THERE IS ANY CHANGE IN MY CHILDS HEALTH, A CHANGE IN A PREXISTING HEALTH CONDITION OR THE DEVELOPMENT/DISCOVERY OF A NEW HEALTH CONDITION THEN I **MUST** INFORM DANCE ADDICTS.
- I am aware of agree to the DANCE ADDICTS Terms and Conditions 2019
- By signing this form I agree to allow the use of photo and video in the class of my child and other children which could be used on Social Media and onlineplatforms for Dance Addicts promotional purposes.

Tick as appropriate:

The student is under 5 and I agree to remain upon the premisis throughout the lesson and to be available at all times, the Student is over 5 years old, I will remain on the premisis throughout the lesson or will be available on the contact number provided and will be available return to the studio within a few moments in the event of accident or emergency ☐

The Student is over 12 years old and will attend classes without a parent/carer ☐

DANCE ADDICTS may appear on Facebook/social media or in the local press. Photographs of students learning and competing may be taken and used for these purposes, if you do not consent please inform a teacher.

The student is not under the care of social services or child protection and I know of no reason why they cannot be photographed with my consent. ☐

I understand that DANCE ADDICTS has a safeguarding policy, an antibullying policy and a child protection policy. I have been given the opportunity to see these policies and to ask and questions. Any questions have been answered satisfactorally. ☐

I heard about DANCE ADDICTS from: A friend ☐ A flyer ☐ DW sports ☐ Treaclemums ☐ A banner in town ☐ Facebook ☐ Treacle market ☐ Other ☐ Please detail……

Has Student taken Dance Lessons Previously? If yes, please give info: ……..

Signed:……Print Name:…… Date: ……..