**SHOW CALL ACADEMY OF PERFORMING ARTS**

**REGISTRATION FORM**

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| **PARENT / GUARDIAN /CARER DETAILS** |
| FIRST NAME |  | SURNAME |  |
| ADDRESS |  | HOME TELEPHONE |  |
| MOBILE |  |
| EMAIL |  |
| *PLEASE PROVIDE US WITH FURTHER DETAILS IF STUDENTS ADDRESS IS DIFFERENT TO THE ABOVE* |

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| **ALTERNATIVE CONTACT** |
| FIRST NAME |  | SURNAME |  |
| MOBILE |  | HOME TELEPHONE |  |
| RELATIONSHIP TO STUDENT:  |

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| **YOUR CHILDS DETAILS** |
| FIRST NAME |  | SURNAME |  |
| KNOWN AS |  | DATE OF BIRTH |  |
| GENDER | GIRL □ BOY □ | AGE |  |
| MEMBERSHIP | INITIAL CHILD □ SIBLING □ |

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| --- | --- | --- | --- |
| SESSION REQUIRED | SATURDAY □ SUNDAY □ | PAYMENT FREQUENCY | MONTHLY □ TERMLY □ |
| PLEASE REFER TO ‘PRICES AND PAYMENTS 2017/2018 |

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| **MEDICAL CONDITIONS** |
| *PLEASE LIST ANY MEDICAL CONDITIONS YOUR CHILD HAS THAT WE SHOULD BE AWARE OF* *[WE MAY NEED TO DISCUSS THIS WITH YOU AND GET FURTHER INFORMATION]*  |
| 1. | 3. |
| 2. | 4. |
| PLEASE NOTIFY US OF ANY ALLERGIES: |

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| I HAVE READ AND AGREE TO THE SHOW CALL ACADEMY OF PERFORMING ARTS **TERMS AND CONDITIONS*** I AGREE TO MY CHILDS IMAGE BEING USED ANONYMOUSLY IN ANY PUBLICITY MATERIAL INCLUDING BUT NOT EXCLUSIVELY BROCHURES, VIDEOS, WEBSITE AND SOCIAL MEDIA
* I AUTHORISE SCAPA STAFF TO CALL FOR MEDICAL HELP IF UNABLE TO CONTACT ME AND ACT ON MY BEHALF
* I AGREE FOR SCAPA STAFF TO ADMISTER BASIC FRIST AID IF NECESSARY (IF QUALIFIED).
* I UNDERSTAND THAT 4 WEEKS NOTICE OF INTENTION TO LEAVE IS REQUIRED (IN WRITING) AND THAT ANY REFUND OF PAYMENTS ALREADY MADE WILL BE AT THE SOLE DISCRETION OF THE MANAGEMENT OF SHOW CALL ACADEMY OF PERFORMING ARTS.
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| NAME: |  |
| SIGNED: |  |
| DATE: |  |

THE PERSONAL DATA PROVIDED INTHIS FORM WILL BEPROCESSED UNDER THE TERMS OF THE DATA PROTECTION ACT 1998 FOR THE PURPOSES OF ADMINISTRATION, RESEARCH, AUDIT AND IN LINE WITH STATUTORY LEGISLATION REGARDING CHILDREN. WE WILL NEVER SHARE INFORMATION TO THIRD PARTIES FOR MARKETING PURPOSES. BY SIGNING THIS FORM YOU CONSENT TO THE USE OF THIS PERSONAL INFORMATION FOR THESE PURPOSES.