



DREAM | BELIEVE | ACHIEVE

Dance for All Registration/Enrolment Form:

A: Student Details		
Name and Surname:		
Date of Birth:		
Age as at 1 st January:		
Gender:		
Home Number:		
Cell Number:		
Email:		
Would you like to receive info to this email:	Yes	No
Address:		
School/Occupation:		
Grade:		
B: Next of Kin/Parent/Guardian		
Name:		
Surname:		
Relationship to student:		
Home Number:		
Cell Number:		
Office Number:		
C: Emergency Information		
Name of Doctor:		
Office Number:		
Address:		



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D: Medical Information

Medical Information: Asthma – Y / N | Allergies – Y / N | Heart Condition – Y / N | Seizures – Y / N

Describe any other illnesses which may affect your child/student in dance:

Describe any activity which your child/student should not participate in:

E: General Information

Describe any special custody arrangements that may exist:

Describe your interest in dance/dance experience of your child/student:

F: Indicate the Programme to be followed:

Parent Name: _____

Signature: _____