



Name of Pupil _____

Class- Time/ Style (i.e., street Mon 3.45)

Address _____

Date of Birth _____

Contact No _____

Emergency Contact _____

Email Address _____

Additional Medical Information as required:

Non-disclosure agreement (NDA)

I am on the understanding that by signing the below Streetz Ahead Dance Academy /Dancescape Studios are not liable for any long term or new accruing injury's that may happen within the class/building. Please make sure you have stated any previous injuries in the space above. You are responsible for telling the instructor of any medical conditions/ injury's that may be affected within the lesson.

Listen to your Body.

The instructor will give easier variations of steps where possible. If you are feeling unwell at any time during the class, please stop.

I agree to the above terms and state that i have disclosed all relevant information to be true.

Signed Pupil if over 18yrs or Parent/Guardian (if pupil under 18yrs)

Signed _____

Name of Parent _____

Date _____

Photo/Filming Consent

From time to time, filming and photography will take place within some classes for usage of promotional material to be used on social media, and advertising hard copies. Please sign below if you give your consent.

Or state on signature line if you do not give consent.

I do give my consent for my child to be filmed/photographed and used in promotional material.

Signed Pupil if over 18yrs or Parent/Guardian (if pupil under 18yrs)

Signed _____

Date _____