

THE ANGELS DANCE ACADEMY MEMBERSHIP FORM

We are very pleased to welcome you to angels.

To ensure that we have the correct contact details for you, please insert the information requested below and return this form to **Tracy Bedford COORDINATOR**. If you are under 16 please also ask your parents or guardian to sign the form before it is returned.

We will also use this information to ensure that you are kept informed about club events.

PERSONAL DETAILS

Name:

Address:

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Postcode

Home telephone number

Mobileemail

Date of birth..... Gender: Male Female

In order to help the club monitor its membership can you please tick one of the following boxes to identify your ethnic group.

White

Mixed

Asian or Asian British

Black or Black British

Chinese or other ethnic group

Do you consider yourself to have a disability Yes No

If yes, what is the nature of your disability?

SPORTING INFORMATION

Have you ever done dance before? Yes No

If yes, where have you dance (please indicate below)

Primary school

Secondary school

Local authority coaching session (s)

Club

County

Other (please specify):

MEDICAL INFORMATION

Please detail below any important medical information that our coaches / junior coordinator should be aware of (eg, epilepsy, asthma, diabetes, etc.)

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EMERGENCY CONTACT DETATILS -TO BE COMPLETED BY PARENT/GUARDIAN

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

Contact name (parent/guardian)

Emergency contact number:

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By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities - for example timing and transport details.

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/guardian:

Signature of parent/guardian:

Date: