



Registration Form

PERSONAL DETAILS

NAME:		DATE:	
NAME OF CHILD:			
Date of Birth:		Gender:	
Address:	Home Phone:		
	Mobile No:		
	Work Phone:		
	Email:		
School attended:			

MEDICAL CONDITIONS/HEALTH OF CHILD:

Does your child have any medical conditions we should be aware of?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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IF YES, PLEASE GIVE BRIEF DETAILS:

EMERGENCY CONTACT DETAILS:

Contact 1	Name:	Relationship to child:	Tel No
Contact 2	Name:	Relationship to child:	Tel No:
Contact 3	Name:	Relationship to child:	Tel No:
Contact 4	Name:	Relationship to child:	Tel No:

PARENT/GUARDIAN CONSENT :

I hereby give consent for my son/daughter to take part in the Playfeet Theatre Co. classes.
Signature of Parent/Guardian will be required at the first session .

PARENT/GUARDIAN NAME:
RELATIONSHIP TO CHILD:

Call: 07970932456

Email: playfeet@aol.com

Web: www.playfeet.co.uk