

POINTE THE WAY BALLET SCHOOL

Vivienne Kibble LRAD: ARAD: AISTD: AIDTA

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Mob 07505099725

Date of free Trial _____ Walking shoe size _____

Class enrolling in _____

Balsall Common/ Solihull* Previous Training _____

Student Details :

Forename : _____

Surname : _____

Gender : Male / Female*

Date of Birth : ____/____/____

Contact Details :

Address : _____

Town : _____

County : _____

Postcode : _____

Telephone (Home) : _____

Mobile (mum) : _____

Mobile (dad) : _____

Email : _____

Parent/ Carer / Guardian Details* (complete where student is under 18 years old)

Forename : _____

Surname : _____

Relationship to child : _____

Please tell me about any relevant medical condition your child has and any medication they are receiving which may need to be administered during class (please note that PTW teachers will not be responsible for administering medication).

I give my consent for PTW staff to administer basic first aid and/or seek emergency medical advice or treatment for my child (please tick box)

Media & Education

May we take your child's photo/video? Y/N

May we use it in PTW promotions? Y/N

May we use it on the web site? Y/N

What school does your child attend? (helps in licensing for shows)

Does your child have any specific learning difficulties that need to be disclosed for exams?

*Delete as applicable

Signed: _____

Print Name: _____

Date : ____/____/____

When completed this form should be returned to PTW 1 Kinton Road, Wyken, Coventry, CV2 3NR E: viv.kibble@sky.com