



Lynn C Duncan School of Dance

"The teacher who trains the teachers"

REGISTRATION FORM 2017

Please print form, fill it in and bring along to first class.
This will help speed up the registration process. Thanks.

Pupil's full name:

Date of birth:

Address:

.....

.....

Tel number:

e-mail:

Emergency contact.....

Tel number (*other than the above*)

Any existing medical condition (Yes/No)

(*if yes please give details*)

- I agree to Lynn Duncan (or the teacher in charge), authorising emergency medical treatment for the above named child on my behalf.
- I am aware that when my child is absent from class, they will be charged £2 for the week/weeks they miss.
- I agree to my child being photographed/videoed during dance school activities

Parent or Guardian's Signature:

See www.lynncduncan.co.uk.
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