

**Registration Form – Open Classes and Courses 2016-17**

**PERSONAL DETAILS – YOUR INFORMATION IS STRICTLY CONFIDENTIAL**

Please complete in BLOCK CAPITALS

Student's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Phone number (inc area code): \_\_\_\_\_

Email address (communication and info on Northern Ballet)  
\_\_\_\_\_

Gender: Male / Female

Date of birth: 

D	D	M	M	Y	Y	Y	Y
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Age on 1 September 2016 (children's classes only) \_\_\_\_\_

Do you (the student) have any medical conditions, eg asthma Yes / No

If yes please specify: \_\_\_\_\_

**DANCE INFORMATION**

Have you (the student) been to any dance classes before? Yes / No

If yes please specify what style, where and to what standard: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dance teacher contact details (if relevant)

Name of Dance School: \_\_\_\_\_ Teacher Contact: \_\_\_\_\_

**PARENT / EMERGENCY CONTACT DETAILS**

Full Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Address (if different): \_\_\_\_\_

\_\_\_\_\_

**CLASS DETAILS**

I am interested in registering for:

Class	Day	Time

**PHOTO PERMISSION**

It would help us greatly if you would tick any (as many as you wish) of the following where you consent to the use of your/the student's image for Northern Ballet information and publicity.

- |                                 |     |    |
|---------------------------------|-----|----|
| Paper based documents           | Yes | No |
| Internet media                  | Yes | No |
| Social media                    | Yes | No |
| Electronic documents            | Yes | No |
| Video / DVD                     | Yes | No |
| News media (eg newspaper items) | Yes | No |

**Please affix  
passport sized  
photograph  
here (children's  
classes only)**

Photographs / video of the student participating in the classes may be taken on Northern Ballet's behalf throughout the year. These will be used for future publicity and in connection with Northern Ballet training programmes.

Other parents may wish to photograph / film their child participating in class during parent viewing sessions and your child may be included in these images.

### PARENTS ASSOCIATION

I would NOT like to receive information regarding the Parents' Association and their fundraising events:

### LATE COLLECTION POLICY

For parents/carers collecting children late from class, the first 15 minutes is not chargeable. Every 15 minutes thereafter is charged at £5.

- I have enclosed my £5 registration fee
- I am aware that the full fees must be paid in advance of each term for my child/myself to participate. Fee to be paid by cash, card, or cheque made payable to **Northern Ballet** prior to the first class.

### DECLARATION

To be completed by the student or by parent/legal guardian for participants under the age of 16.

I (print name) \_\_\_\_\_ agree to take part in the classes detailed above.

I will inform NORTHERN BALLET as soon as possible of any changes in my medical or other circumstances.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please post with cheque made payable to Northern Ballet to: Academy of Northern Ballet, Quarry Hill, Leeds, LS2 7PA.

### EQUAL OPPORTUNITIES

The questions below are for monitoring purposes only. It allows us to measure the inclusiveness of our organisation and the success of our equal opportunities policy. It will not be considered as part of your registration and it is not compulsory to complete.

Where did you hear about these classes?  
(Please indicate publication/website) \_\_\_\_\_

I do / do not have a disability (delete as appropriate)

The term 'disability' is defined as including people with physical disabilities; people with mental impairments and learning difficulties; those with sensory impairments such as sight and hearing impairments, and people with 'hidden' disabilities (such as epilepsy, chest or heart conditions); and those with impairments linked to ageing.

### Which of the following describes your ethnic origin?

Black/Black British:	African Caribbean Other Black (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mixed:	White & Black Caribbean White & Asian White & Black African Other Mixed (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Asian/Asian British	Indian Pakistani Bangladeshi Other Asian (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White	British Irish Other White (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Chinese Japanese Any other (specify)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			