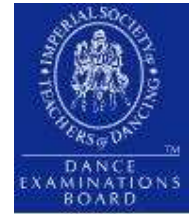




ASDC
Registration Form
RAD Ballet & ISTD Modern



Child's name _____

DOB _____ Age _____ Gender m/f _____

Address _____

Home Tel _____ Emergency Tel: _____

e-mail _____

Exams Passed *(please state grade & pass mark)*: RAD _____

ISTD _____ Others _____

Do you consent to your child having their photograph taken whilst attending the ASDC activities? Yes No

Medical information:

Does your child have any known allergies? _____

Is there anything else we should be advised of before lessons starts? eg current medication. _____

Signed: _____ Date: _____