



MUSICAL THEATRE CLASSES STUDENT REGISTRATION

Student's Full Name

Student's D.O.B.

Student's Age on
next September 2nd

Address

Post Code

Home telephone Number

Parent/Guardian 1 Full Name

Mobile phone Number

Parent/Guardian 2 Full Name

Mobile phone Number

Email
addresses

1.

2.

Name of school that student attends:

If you would like to add any relevant additional information then please continue over the page

X

Parent/guardian signature

Date

OFFICE USE ONLY

Registration Number

Start date

Medical Questionnaire



MEDICAL QUESTIONNAIRE

Registration number

Student's Full Name

1. Does your child have any medical condition or injury that would make the activity he/ she has chosen to attend unsuitable? Yes/No*

*If yes please give full details

2. Does your child have any allergies that we should be aware of Yes/No*

*If yes please give full details

3. Does your child have any learning or reading difficulties? Yes/No*

*If yes please give full details

I understand that Lutterworth Performing Arts Centre, Lutterworth Youth Theatre Academy, have the right to refuse access to classes based on the information given above.
(Must be signed by Parent or Legal Guardian only).

X

Parent/guardian signature

Date



Registration number

Student's Full Name

TERMS & CONDITIONS

I am legally responsible for the above named person.

I wish the above named student to be enrolled in Musical Theatre Classes at the above address.

I have received a copy of the Musical Theatre class prospectus and I agree to the conditions contained therein.

Furthermore, I understand that I am entering into a financial agreement. I am aware that I will be invoiced for fees due every half term and that all lessons must be paid for regardless of attendance and in advance.

(Fees are set at the commencement of a full term and any increases are notified at least three weeks prior to the start of the next full term in writing)

Should the above named student wish to leave the Musical Theatre Class then I agree to inform the principal, formally in writing, no less than two weeks before the end of the half term that I have paid for. I understand that failure to do this will incur full fees for the next half term.

I agree to notify the school of any changes in the student's medical condition.

I agree to notify the school of any changes in respect of contact details.

I agree to notify the school in the event of the student being unable to attend the weekly session.

PRINT NAME

PARENT/GUARDIAN SIGNATURE

Date

Bradley Woodward, Principal

Date