**REGISTRATION DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF ENTRANT** |  | **ADDRESS** |  |
| **D.O.B** |  |
| **AGE** **(as of 01.05.21)** |  |
| **MEDICAL CONDITIONS** |  |
| **EMERGENCY CONTACT DETAILS** |  | **EMAIL** |  |
| **PHONE** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DANCE SCHOOL NAME** |  | **DANCE SCHOOL ADDRESS** |  |

I am entering my child independently. They do not currently attend any dance school [ ]

I am entering my child independently from their dance school and have permission from their teacher to participate. I submit a signed letter from the teacher / principal authorising this [ ]

I have read and agree to abide by the Festival Child Safeguarding Policy [ ]

I have read the Festival Data Privacy Notice and consent to the Festival collecting and retaining data as described therein [ ]

I consent to the names of the entrant above being published in the printed programme which will be on sale during the Festival [ ]

I have read the Festival Media Consent and am happy for the entrant named above to be photographed and/or videoed for purposes only relating directly to the Festival [ ]

I consent to the Festival organisers contacting me about future festival-related issues or events [ ]

I confirm that the entrant is fit and healthy and taking part in Solent Dance Festival will not cause any adverse effects to their health - YES / NO

Has the entrant performed, or will have performed, outside of school on more than 3 occasions in the last 6 months prior to 15th May 2021 - YES / NO

Signed ………………………………………………………………………………………………………………………

Name ……………………………………………………………………………………………………………………….

Date ………………………………………………………………………………………………………………………

Relationship to Entrant …………………………………………………………………………………………………