2025 Registration Form

Mid Wales Dance Academy

Pupil's Name	
Pupil's Date of Birth	
Parent / Guardian Name	
Address	
Parent / Guardian Email Address	
Parent / Guardian Telephone Number	
Emergency contact name	
Relationship	
Emergency Contact phone number	

Please provide the names and relationships of any person able to collect the pupil from their class:	
1. Name	
Relationship	
2. Name	
Relationship	
3. Name	
Relationship	
4. Name	
Relationship	

Does the pupil have any medical conditions, allergies, injuries, or additional learning needs we should be aware of? Please tick below:

☐ Yes

☐ No

If you have circled yes, please provide full details below:

_____

_____

_____

_____

Are you happy for us to take photographs of the pupil in class, to be used for advertising either on our website or on social media?

☐ Yes

☐ No

By signing this document you confirm that you have read and agreed to the Academy's Terms and Conditions and Child Protection & Safeguarding Policy;

You have provided accurate medical and emergency information;

You understand that all personal data will be handled in line with our Privacy Policy (available at www.mwda.co.uk), and, if completed online, this document will serve as your electronic signature.

Name	
Signed	
Relationship to the pupil	
Date	