

StageArts Theatre School



BOOKING FORM PLEASE WRITE CLEARLY IN BLOCK CAPITALS

LOCATION Hemel Hempstead Stevenage Welwyn Garden City

STUDENT'S NAME: _____

STUDENT'S SCHOOL: _____

SEX M/F: _____ AGE: _____ DATE OF BIRTH: _____

ADDRESS: _____

POST CODE: _____ HOME PHONE No: _____

MOBILE: _____ E-MAIL: _____

EMERGENCY CONTACT: _____ EMERGENCY No: _____

ANY KNOWN MEDICAL CONDITION: _____

PREVIOUS EXPERIENCE: _____

PARENTAL CONTRACT PLEASE DELETE WHERE APPROPRIATE.

1. ALL MISSED SESSIONS MUST BE PAID FOR AND NO REFUNDS WILL BE GIVEN.
2. I HEREBY AGREE TO MY CHILD/REN BEING PHOTOGRAPHED / VIDEO RECORDED AND THE USE OF SUCH MATERIALS CAN BE USED FREELY FOR ADVERTISING/ PROMO AND INTERNET USAGE BY STAGEARTS. **I GIVE PERMISSION / I DON'T GIVE PERMISSION**
3. WE HAVE THE RIGHT TO PROVIDE COVER TEACHERS AS AND WHEN NECESSARY.
4. WE CAN AT OUR DISCRETION REFUSE MEMBERSHIP AT ANY TIME.
5. MY CHILD **IS ALLOWED / IS NOT ALLOWED** HOME UNACCOMPANIED.
6. UNIFORM MUST BE WORN AT ALL TIMES.

I CONFIRM THAT I HAVE READ AND AGREE TO THE CONDITIONS AS STATED.

PARENT / GUARDIAN NAME (block capitals): _____

SIGNATURE: _____ **DATE:** _____

SEND TO:

**StageArts
33a Mount Drive, St. Albans, Herts AL2 2NP
07833 922251 / 01727 874787**