



www.maidavaleballet.co.uk

Registration Form

STUDENT INFORMATION

Student's name _____

Address _____

_____ Postcode _____

Date of Birth _____ Age (at registration date) _____

School child attends (if applicable) _____

PARENT INFORMATION

Parent(s) / Guardian(s) _____

Contact e-mail (IMPORTANT!) _____

Home Phone _____

Mobile Phone _____

Please tick below which classes will be attended

MONDAY - LYDFORD COMMUNITY HALL

- 4:00-4:30pm **Pre-primary Ballet**
- 4:30-5:30pm **Grade 2 Ballet**
- 5:30-6:30pm **Grade 3 Tap and Modern**
- 6:30-7:30pm **Grade 4 Ballet**
- 7:30-8:00pm **Grade 4 Dances**

TUESDAY - LYDFORD COMMUNITY HALL

- 4:30-5:00pm **Pre-primary Ballet**
- 5:00-6:00pm **Grade 1 Ballet**
- 6:00-6:45pm **Progressing Ballet Technique**
- 6:45-7:45pm **Grade 5 Ballet**

TUESDAY - ST LUKE'S CHURCH HALL

- 7:45-8:45pm **Adult Tap**

THURSDAY - LYDFORD COMMUNITY HALL

- 4:00-4:30pm **First Steps Babies Ballet**
- 4:30-5:15pm **Musical Theatre**
- 5:15-6:15pm **Acro (Gymnastic Dance)**

FRIDAY - ST LUKE'S CHURCH HALL

- 4:00-4:30pm **Primary Ballet**
- 4:30-5:30pm **Grade 1 Ballet**
- 5:30-6:30pm **Grade 3 Ballet**
- 6:30-7:15pm **Pre-pointe Class**



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MEDICAL INFORMATION

Does the student have any ongoing medical issues that we should be aware of?

YES NO

If YES please explain _____

ADDITIONAL INFORMATION

1. How did you hear about Maida Vale Ballet School?

Word of mouth Flyer Banner Website Social Media Other: _____

LIABILITY DISCLAIMER: I understand that dancing and dance classes constitute athletic activities and that, although the teacher will take the utmost care to ensure my child's well being, injuries may occur. Acknowledging this, I hereby release and agree to hold harmless Maida Vale Ballet School and its employees from any and all claims and liabilities, which may arise out of my child's participation with Maida Vale Ballet School.

CONSENT: On occasion photographs/films are taken either during class or whilst participating in a show for publicity purposes (eg. the schools website, facebook). At no time will a child be left alone with the photographer or taken outside of the class or show performance. Please sign here to give your permission for your child to be photographed/filmed in these circumstances.

I have read and understood the student handbook and agree to the terms and conditions therein.

Signature of Parent / Guardian _____ Date _____

Please complete the form and return to the following address:-

Maida Vale Ballet School, Flat 7 Canon House, 10-11 Bruckner Street, London W10 4BF

Alternatively, please fill in and return the form by email to **missalex@maidavaleballet.co.uk**