**REGISTRATION DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF DANCE / PERFORMING ARTS SCHOOL** |  | **ADDRESS** |  |
| **CONTACT NAME** |  |
| **ANY STUDENTS WITH MEDICAL CONDITIONS** | YES / NO | **EMAIL** |  |
| **PHONE** |  |

**\*\*If any student has a medical condition we should be aware of please supply the relevant information and emergency contact details for the student(s) seperately.**

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 our students 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 our students 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 our students are fit and healthy and taking part in Solent Novice Dance Festival will not cause any adverse effects to their health - YES / NO

Signed …………………………………………………………………………………………………………….………………………

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

Date …………………………………………………………………………………………………………….…………………………

Relationship to dance school ………………………………………………………………………………………….………