



STAGE PLUS SCHOOL OF PERFORMING ARTS

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Principal – Gemma Hobbs AISTD CDE IDTA RAD (MRT) BTDA

REGISTRATION FORM

FULL NAME _____

D.O.B _____

PARENTS NAMES _____

ADDRESS _____

TELEPHONE NUMBER _____

MOBILE NUMBER _____

EMAIL ADDRESS _____

IN CASE OF EMERGENCY:-CONTACT DETAILS AND RELATIONSHIP

DOCTORS NAME, ADDRESS, TELEPHONE NUMBER

ANY ALLERGIES/DISABILITIES/MEDICAL CONDITIONS WE SHOULD KNOW ABOUT?

PARENTS SIGNATURE _____

ANY ADDITIONAL INFORMATION

PLEASE NOTE ON OCCASIONS WHEN PERFORMING PHOTOGRAPHS OR VIDEOS ARE TAKEN. BY SIGNING BELOW YOU AGREE TO YOUR CHILD BEING PHOTOGRAPHED ON SUCH OCCASIONS. YOUR AGREEMENT IS NECESSARY AND LOCAL AUTHORITIES ASK FOR OUR WRITTEN CONFIRMATION THAT WE HAVE OBTAINED IT.

I agree to my child being photographed. Signed..... _____ **Date -** _____

