



## MUSICAL THEATRE CLASSES STUDENT REGISTRATION

Student's Full Name

Student's D.O.B.

Student's Age on  
next September 2<sup>nd</sup>

Address

Post Code

Home telephone Number

Parent/Guardian 1 Full Name

Mobile phone Number

Parent/Guardian 2 Full Name

Mobile phone Number

Email  
addresses

1.

2.

Name of school that student attends:

If you would like to add any relevant additional information then please continue over the page

X

Parent/guardian signature

Date

OFFICE USE ONLY

Registration Number

Start date

Medical Questionnaire



**MEDICAL QUESTIONNAIRE**

Registration number

Student's Full Name

1. Does your child have any medical condition or injury that would make the activity he/ she has chosen to attend unsuitable? Yes/No\*

\*If yes please give full details

2. Does your child have any allergies that we should be aware of Yes/No\*

\*If yes please give full details

3. Does your child have any learning or reading difficulties? Yes/No\*

\*If yes please give full details

I understand that Lutterworth Performing Arts Centre, Lutterworth Youth Theatre Academy, have the right to refuse access to classes based on the information given above.  
**(Must be signed by Parent or Legal Guardian only).**

X

Parent/guardian signature

Date



Registration number

Student's Full Name

### TERMS & CONDITIONS

I am legally responsible for the above named person.

I wish the above named student to be enrolled in Musical Theatre Classes at the above address.

I have received a copy of the Musical Theatre class prospectus and I agree to the conditions contained therein.

Furthermore, I understand that I am entering into a financial agreement. I am aware that I will be invoiced for fees due every half term and that all lessons must be paid for regardless of attendance and in advance.

(Fees are set at the commencement of a full term and any increases are notified at least three weeks prior to the start of the next full term in writing)

**Should the above named student wish to leave the Musical Theatre Class then I agree to inform the principal, formally in writing, no less than two weeks before the end of the half term that I have paid for. I understand that failure to do this will incur full fees for the next half term.**

I agree to notify the school of any changes in the student's medical condition.

I agree to notify the school of any changes in respect of contact details.

I agree to notify the school in the event of the student being unable to attend the weekly session.

PRINT NAME

PARENT/GUARDIAN SIGNATURE

Date

Bradley Woodward, Principal

Date