



YOUTHARMONY STUDENT REGISTRATION

Student's Full Name	
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Preferred Name (If different)		Student's D.O.B.	
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Address	
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Post Code

Home telephone Number	
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Parent/Guardian 1 Full Name	
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Mobile phone Number	
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Parent/Guardian 2 Full Name	
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Mobile phone Number	
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Email addresses	1.
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2.	
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Name of school/College that student attends:
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If you would like to add any relevant additional information then please continue over the page

X

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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



LUTTERWORTH YOUTH THEATRE ACADEMY

Lutterworth Performing Arts Centre, Hall Park, Hall Lane,
Lutterworth, Leicestershire. LE17 4LN

01455.553878

www.lyta.co.uk

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 LYTA at the above address.

Furthermore, I understand that I am entering into a financial agreement. I am aware that fees will be due and must be paid four weeks in advance 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 LYTA YOUTHARMONY then I agree to inform the principal, formally in writing, no less than two weeks before the end of the four weeks that I have paid for. I understand that failure to do this will incur full fees for the next four week period.

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