## Marham School of Performing Arts

The Sandringham Centre, Burnthouse Drove Upper Marham, King's Lynn. Norfolk Registration Document

	1	
Name		
Date of Birth		
Age		
Parent/Guardian Name		
. w. c,	<b></b>	
I		
Address		
	4	Post Code
Telephone	4	
Mobile		
E-Mail		
Alternative Emergency Contact Name		
Telephone		
Mobile		
Classes Requested	Ballet / Conte	mporary Modern / Theatre Craft / Limbering & Performance / Drama / Tap /
ciasses requested		tre / Music Lessons - please indicate instrument
Medical Conditions		
	<u> </u>	
Permission for Photographs to be taken and used for marketing purposes	YES/NO	
Permission to apply a plaster when necessary	YES/NO	Waterproof/fabric
Permission to contact the Emergency Services if necessary	YES/NO	
I have read and agree to all te	erms and condi	itions of registration as per the Marham School of Performing Arts website
Parent/Guardian's Signature		