

Ministry of Youth, Sports & Culture

National Dance School

Name: _____
(First) (Last) (Middle)

Date of Birth: _____

Address: _____

P.O. Box: _____ Tel: _____ (H) _____ (B)

Have you studied dance before? Yes () No ()

If so, please state where: _____

Do you have any physical handicap Yes () No ()

Are you on any kind of medication? Yes () No ()

If so, please state name of medication & condition it is required for:

In case of an emergency, please contact: _____

Relationship to student: _____

Tel.: _____ (H) _____ (WK)

Give names of other person(s) other than yourself who are

authorized to pick up student(s) _____

Date: _____

Name of Parent/Guardian

**Note: The National Dance School will not be responsible for any lost/stolen property.
** Please arrange to have your children collected within 30 minutes after class finishes.**