

Dancewise Studios  
 Dorinia, Larch Avenue, Holbury, SO45 2PB  
 Tel: 023 8024 3230 or Mobile: 07725 054546  
 Email: [principal@dancewisestudios.com](mailto:principal@dancewisestudios.com)

**Registration Form**

**Student Information**

Student's Name:	Name called:	Date of birth:
Address:		Post code:
Telephone:		

**Parent or Guardian (under 18's only)**

Name:	Relationship:	Phone Number:
Address (if different):		Post Code:
Email:	Mobile/work number:	

**Emergency contact (for all students please)**

Name:	Relationship:	Phone Number:
Address:		Post code:
Mobile Number:		

**Confidential Medical Information:** Brief description of allergy/condition/behaviour/injury/medication/health concerns of which Dancewise needs to be made aware (continue on reverse if necessary):

**Dancewise Studios Physical Contact Policy**

It is unrealistic and inappropriate for Dancewise to prohibit physical contact between its staff and children. Touch is an essential part of the creative interpretation of roles as well as a means of directing movement, correcting placement, encouraging performance and providing comfort and reassurance. Where physical contact is necessary the teacher should explain the reason. However, staff must bear in mind that even innocent actions can be misconstrued. It is important for staff to be sensitive to a child's reaction to physical contact and to act appropriately. No child should ever be touched on a part of his/her body in a way that makes them uncomfortable, or in a way that is indecent. *Touch must always be related to the needs of the child rather than to those of the member of staff.* **Please sign at the end of the form as your acknowledgement and acceptance. If you are not comfortable with this, please feel free to discuss your concerns with the Principal.**

**Photography**

It is necessary to obtain consent from all concerned to ensure that there are no objections to either photographs or videos being made during Dancewise classes or other events (shows, fetes, exams etc). **Please indicate below whether you have objections to such photographs/videos being made.**

I confirm that I have **\*no objections/do have objections** to \_\_\_\_\_ (name) possibly being recorded on camera or video.

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_

*All information is treated as strictly confidential.*