

Please complete all sections. All information will remain confidential and will only be used in an emergency.

Students Name	
Contact Tel Number	
Contact Email	
Date of Birth	

Emergency Contact	
Relationship to student	
Contact Telephone	
Mobile	

Please give details of any medical conditions that may affect you/ your child:

Please give details of any Medication you/ your child carries:

Do you give consent for you/your child to be given medical attention in an emergency if you are not available?	YES / NO
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<p>From time to time Limelight will photograph and film dances for use in public advertising. Please tick the type of publicity you give your permission for you / your child's image to be used in:</p> <p>Posters & Leaflets <input type="checkbox"/> Theatre programmes <input type="checkbox"/> Show Videos <input type="checkbox"/> Websites <input type="checkbox"/></p>
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Sign parent/ guardian/ dancer if over 18	
Print Name	
Date	