



Consent Form

Child's Name: _____

Date of Birth: _____

Address: _____

Contact Telephone No: _____

Who to contact in case of any emergency: _____

Telephone No: _____

Medical Information

Does your child suffer from any of these?

Asthma Yes / No Diabetes Yes / No Epilepsy Yes / No

Any other medical information:

Photograph Consent

I do / do not give permission for my child's photograph to be taken and used on the Kellen Dance Academy's website and in any other promotional material.

Signed: _____

Date: _____

You could be a star on the dance floor

3 Washbrook Drive **Darlington** Co-Durham DL3 0JA

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