



# Lynn C Duncan School of Dance

*"The teacher who trains the teachers"*

## REGISTRATION FORM 2019

Please print form, fill it in and bring along to first class.  
This will help speed up the registration process. Thanks.

Pupil's full name: .....

Date of birth: .....

Address: .....

.....

.....

Tel number: .....

e-mail: .....

Emergency contact.....

Tel number (*other than the above*).....

Any existing medical condition (Yes/No) .....

(*if yes please give details*) .....

- I agree to Lynn Duncan (or the teacher in charge), authorising emergency medical treatment for the above named child on my behalf.
- I am aware that when my child is absent from class, they will be charged £2 for the week/weeks they miss.
- I agree to my child being photographed/videoed during dance school activities

**Parent or Guardian's Signature:** .....

See [www.lynncduncan.co.uk](http://www.lynncduncan.co.uk).

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