**MYDC Registration Form**

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| --- | --- |
| First Name |  |
| Surname |  |
| Age |  |
| D.O.B |  |
| Mobile Number |  |
| Telephone Number |  |
| Name, Address & Telephone/Mobile Number of emergency contact1 |  |
| Name, Address & Telephone/Mobile Number of emergency contact2 |  |
| Medical History |  |
| Name, Address & Telephone number of Doctors Surgery |  |

During the year at MYDC your child will take part in a range of events, and perform in various places. We need your support to help make the events happen. Money to attend class must be paid on time when you attend the class. If money isn’t paid your child will not be able to attend class we, also would like your consent to record, and take photographs of your child for the website, advertising etc. Please sign if you’re happy for your child to be filmed and have photos taken, and used for these purposes, and please sign the second signing if you agree to make payments on time, supporting us, and the information entered is corrected.

Photographs & filming signed: Parent or Guardian

Agreement: Parent or Guardian

Please email document to [mydc.0312@googlemail.com](mailto:mydc.0312@googlemail.com) you will receive a confirmation email and a date to start within 2 weeks