

Arts Live Enrolment Form

Group name, day and time: _____

Termly Fee: _____

Name (member): _____ Date of Birth: _____

Home Address: _____

School (if member is a child): _____

Home Phone Number (member or parent/carer if member is a child): _____

Mobile Phone Number (member's parent/carer if member is a child): _____

Parent/carer name: (Mr / Mrs / Miss / Ms / other) _____

Emergency Contact Phone Number (if different from above): _____

Emergency Contact Name & Relationship to Member: _____

Contact Email Address (essential – we will contact you via email as a first preference unless requested otherwise here): _____

Any special educational needs: _____

Any condition requiring medical treatment: _____

Medication (if needed): _____

Allergies to any medication / foods etc.: _____

Special dietary requirements: _____

I give permission for my child/myself to be photographed and/or filmed at these classes: **Yes**
No

By signing below I confirm I have read, understood and agree to the Arts Live terms & conditions 2019/20 which are available on our website at: www.arts-live.co.uk or on request, and I agree to pay the termly fees as applicable.

Member or Parent/Carer signature if member is under 18, or a student at Garforth Academy:

Sign: _____

Date: _____

(Office use only)

Date membership began:

Added to database? (tick):

Finance updated? (tick):

