



HW Dance

HW Dance

HW_Dance@outlook.com

07746364367

www.HWDance.co.uk

HW DANCE PARQ FORM

Students Name	
Students Date of Birth	
Main Contact Name	
Main Contact Number	
Relationship to Student	
Students Email (if applicable)	
Emergency Contact Name 1	
Emergency Contact Number 1	
Relationship to Student	
Emergency Contact Name 2	
Emergency Contact Number 2	
Relationship to Student	

Please list any allergies, illnesses (Note this information shall be kept private, and only shared (if needed) with medical personal e.g the ambulance crew)

Please list any re-occurring injury's (Note this information shall be kept private, and only shared (if needed) with medical personal e.g the ambulance crew)

Please list any special educational needs e.g dyspraxia, Autism, ADHD (this is kept confidential and only used to help understand what the best learning for the student is)

(If applicable) please list medication for the above. (Note this information shall be kept private, and only shared (if needed) with medical personal e.g the ambulance crew)

I give my permission for HW Dance or medical crew to give the above medication if required.

YES
NO

I give consent for photos/videos of my child to be used of social media or advertising for HW Dance (If not this is not an issue)

YES
NO

My child (if under 18) is aloud to walk home on their own

YES
NO

My child (if under 18) is aloud to go home with the following people

I give HW Dance permission to contact me about classes and opportunity's

YES
NO

I confirm that the above information is correct.

Sighed

Dated



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