



**DANCE  
PROJECT  
STUDIOS**  
dance is for everyone

**Dance Project Studios**  
A9 Ocean Gardens  
Triq is-Sikka  
Bahar ic-Caghaq, NXR 5169  
Mob +356 79283343  
Office +356 21383613  
Admin +356 79596178  
info@danceproject.com.mt

## NEW REGISTRATION FORM

Registration Fee € 15

REGISTRATION DATE: \_\_\_\_\_

### Student Details:

Name	Surname
Date of Birth	
Mobile	ISTD PIN No. (if registered)
Email	
Address	

### Dance Experience (if any):

School Name	Discipline / Style of Dance	Years in Attendance

### How did you hear about Dance Project Studios?

Word of Mouth <input type="checkbox"/>	Facebook <input type="checkbox"/>	Public Performance _____
Google Search <input type="checkbox"/>	Instagram <input type="checkbox"/>	TV Programme _____
Flyer <input type="checkbox"/>	Newspaper / Magazine _____	

### CONSENT

I / We acknowledge and confirm to have read in full and agree to unconditionally abide with the **DP School Policy & Regulations, DP Data Policy and DP Uniform Regulations** and any ammendments/updates thereto as may be asserted from time to time, and which are accessible via the Dance Project Studios Administrator and on the Dance Project Studios website.

### STUDENTS UNDER 18 YEARS OF AGE (To be completed by both guardians)

Guardian 1's Name	Guardian 2's Name
Guardian 1's Contact No.	Guardian 2's Contact No.
Guardian 1's Signature	Guardian 2's Signature

### STUDENTS OVER 18 YEARS OF AGE

Student's Signature
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## MEDICAL RELEASE FORM

**DATE:** \_\_\_\_\_

### Student Details:

Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mobile \_\_\_\_\_

### Emergency Contact Details:

Name \_\_\_\_\_ Surname \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Mobile \_\_\_\_\_

### Medical Contact Details:

Family Doctor \_\_\_\_\_ Contact No. \_\_\_\_\_

### Medical History:

Please list any medical conditions:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any dance or sport related injuries:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medical treatments and/or medications for the conditions/allergies/injuries noted above:  
\_\_\_\_\_  
\_\_\_\_\_

### CONSENT

I / We, the undersigned, hereby release Dance Project Studios, all its teachers, assistants and representatives from any injury and actions causing injury which may be sustained during any and all activities (including but not limited to classes, performances, events and dance holidays).

I / We, the undersigned, give permission to Dance Project Studios' teachers, assistants and representatives to administer First Aid and secure medical attention and care in the event of illness and/or injury. It is understood that every effort will be made to first contact the above Emergency Contact particularly in case of emergency.

### **STUDENTS UNDER 18 YEARS OF AGE (To be completed by both guardians)**

Guardian 1's Name \_\_\_\_\_ Guardian 2's Name \_\_\_\_\_

Guardian 1's Signature \_\_\_\_\_ Guardian 2's Signature \_\_\_\_\_

### **STUDENTS OVER 18 YEARS OF AGE**

Student's Signature \_\_\_\_\_