



Please complete the following contact and consent form to receive your newsletter and to enable us to register your child with the BTDA.

I wish my Son/Daughter.....to be allowed to take part in classes at CJ's Dance and Fitness. I understand that taking part in Dance and Cheerleading is a physical activity and injuries can occur. Students of CJ's therefore participate and engage in class activities at their own risk.

I understand that while CJ's Staff and helpers in charge of the class will take all reasonable care of the young people, they cannot be held responsible for any loss, damage or injury suffered by my Son/Daughter arising during lessons or external activities at CJ's.

I give permission for my Son/Daughter to be filmed or photographed when performing on behalf of CJs Dance and Fitness. Should the necessity arise, I agree to the person in charge giving consent on my behalf for an anaesthetic to be administered or any other urgent medical treatment to be given.

Parent/ Guardian Signature

Date.....

Childs Name

Date of Birth.....

Address.....
.....
.....

Contact Number.....

Mobile Number.....

Email Address.....

Health and Medical Details