London Children's Ballet: Summer School Registration Form

ARE YOU APPLYING FOR A PLACE ON THE SENIOR OR JUNIOR SUMMER SCHOOL?
FIRST NAMESURNAME
DATE OF BIRTH AGE (as at 01/01/2018) (yrs) (mths)
HOME ADDRESS
POSTCODE
PARENT/GUARDIAN'S DETAILS:
TITLE FIRST NAME SURNAME
MOBILE
EMAIL
BALLET SCHOOL
What ballet school do you go to? (Name of Ballet School and full mailing/administration address including postcode)
How many ballet classes do you take per week?
What grade are you working on at the moment? (RAD Grade 4, ISTD Grade 2 etc.)
How did you hear about LCB Summer School?
FILMING/PHOTO WAIVER
As the legal parent or guardian, I agree any photographs or film of the above-mentioned child taken at Summer School may be used for publicity purposes in any form or media, such as in the press, TV, cinema, radio, YouTube, social media or the LCB Website.
MEDICAL WAIVER
Details of any known injuries or conditions (e.g. asthma, diabetes, epilepsy, allergies etc.) and any medication being taken (which should be brought with them if necessary).
In the event of illness or accident, I give my permission for medical treatment to be administered where considered necessary by a nominated first-aider. If I cannot be contacted and my child requires emergency hospital treatment, I authorise the LCB to sign any written form of consent required by the hospital.
Emergency contact person Emergency contact number
Signature of Parent/ Guardian Date
Checklist – please return the following to the LCB
Registration Form
Cheque for £290 made payable to 'London Children's Ballet' OR 3 post-dated cheques – 1 May for £100, 1 June for £100, 2 July for £90
2 stamped self-addressed envelopes if you prefer correspondence by post

Cancellation Terms

If place cancelled before 8th June 2018- 75% refund If place cancelled before 24th June 2018- 50% refund

If place cancelled before 6th July 2018- 25% refund After 9th July 2018- No refund