

**MORPHEW SCHOOL OF DANCE
REGISTRATION & PUPIL INFORMATION FORM(Over 18s)**

NAME:

ADDRESS:

CONTACT NUMBERS - HOME:

MOBILE:

EMERGENCY CONTACT:

**I DANCE AT THE BRADFORD/BRATTON/DERRYHILL/HOLT/TROWBRIDGE BRANCH
OF THE SCHOOL** (please circle the appropriate location)

**PLEASE GIVE ANY RELEVANT INFORMATION (ie medical) WHICH MAY AFFECT
YOUR ABILITY TO PARTICIPATE IN A DANCE CLASS** (continue overleaf if necessary):

PLEASE GIVE DETAILS OF ANY PREVIOUS DANCE EXPERIENCE:

**I have read, signed and returned a copy of the Morphew School of Dance photography
policy.**

Signed

Name **Dated**