



Merseyside Dance & Drama Centre
 The Studios
 13 – 17 Camden Street
 Liverpool
 L3 8JR
 T: 0151 207 6197
 F: 0151 207 5301
 E: info@mddcdance.co.uk

APPLICATION Students Summer School

Details of Applicant

Name		Age	
Date of Birth			
Address			
Telephone			
Name & Address of Current Dance School			
Name(s) of Teachers			
Teacher's Email			

Details of Parents

Father's Full Name			
Father's Occupation			
Father's Address			
Home Telephone			
Work Telephone			
Email			
Mother's Full Name			
Mother's Occupation			
Mother's Address			
Home Telephone			
Work Telephone			
Email			
EMERGENCY PHONE NUMBERS			

Medical Details

Family Doctor	
Address	
Telephone	
Relevant Medical History	
Details of Allergies	
Current Medication	

We must emphasise that any medical information, however trivial it may seem, is very important to us in order that we can ensure your health & safety while in college.

It is essential that if an inhaler is used it **MUST** be taken into class.

How did you hear about Merseyside Dance and Drama Centre?	
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DECLARATIONS

For parents of students aged under 18

Physical Contact

Due to the nature of dance lessons it is inevitable that some physical contact will be necessary in order for your child to make the best progress. For example: if your child was finding it difficult to stand in first position in a ballet class, this would require the teacher to gently move your child's foot into the correct position. This contact is always kept to a minimum and often is not required.

I agree that some physical contact will be necessary in order to achieve my child's full potential in dance and drama.

Signed: _____ Date: _____

Photographs & Video

At college we often take photographs and videos before exams and during performances. These are then used to enhance the college environment as displays or may feature in the college's prospectus, website or newsletter. It is necessary for us to give you our assurance that these images will not be used for other purposes. In order to comply with the Data Protection Act 1998, we would like you to give your permission for your child to be photographed or videoed in college.

Child's Name: _____

I give/do not give permission for our child to be photographed or videoed for displays or for use in college publications.

Signed: _____ Date: _____