



URBAN KREW REGISTRATION FORM ADULTS

Student Full Name: male / female

Date of Birth: Age:

Address:

Post Code:

Home Tel No:

Mobile Tel No:

Email Address:

Date of joining?

In order to monitor our advertising, please could you stipulate how you heard about us?

Do you suffer from any medical or physical conditions that we should be informed of including asthma, panic attacks, epilepsy, diabetes etc? Please provide details or stipulate 'None' if the answer is No.

Are you required to take any form of medication (including inhalers) whilst taking part in classes?
Please provide details or stipulate 'None' if the answer is No.

Does you suffer from any allergies?
Please provide details or stipulate 'None' if the answer is No.

In the unlikely event of an emergency, please provide alternative emergency contact details below:

Your signature

I give permission to performance recordings and photographs to be taken for training, local press and marketing purposes
PLEASE RETURN A COMPLETED COPY OF THIS REGISTRATION FORM ON ARRIVAL TO YOUR FIRST CLASS ALONG WITH A SIGNED COPY OF THE CLASS GUIDELINES / CODE OF PRACTICE