**Dance Summer School 2018 Authorisation Form**

Student’s Name ……………………………………………………………………….…… Boarder ……. Day ……

Student’s Address………………………………………………………………………….. Postcode …………..……...........

Date of Birth ……………………………..Age on 1st August 2018…………………

Emergency Contact Names and Telephone Numbers: ………………………..………………………………...………………

…………………………………………………………………………………………………………………………

Please give details if your son/daughter suffers from a medical condition or allergies that require treatment.

Include any intolerance to certain foodstuffs:

……………………………………………………………………………………………………………….

NO STUDENT IS ALLOWED TO KEEP ANY FORM OF MEDICINE/TABLETS IN THEIR ROOM OR IN THEIR DANCE BAG. THESE MUST BE HANDED IN TO THE HOUSEMOTHERS AT REGISTRATION.

Family Doctor’s Name ………………………………… Telephone Number ………………………………

Address ………………………………………………………………………………………………………………..

A sticking plaster may be used if necessary YES/NO

A pain killer may be administered if necessary YES/NO Paracetamol / Aspirin / Ibuprofen

I consent to any emergency medical treatment necessary being given to my child during the period of attendance at the Dance Summer School. I will advise on first day registration of any illness/infection suffered by my son/daughter after signing this form.

The teaching of dance often requires the teacher to physically guide a movement by touch. Without this guidance the student may never gain the correct posture and understanding of the technical requirements.

I agree that appropriate physical contact may be made.

I consent for my son/daughter to be photographed during the Assembly for promotional purposes and for use through our social media sites.

I consent for my son/daughter to use the swimming pool. My son/daughter can/cannot swim

**Room Sharing**

All Boarders share a twin bedroom. I consent for my son/daughter to share a room.

If you are attending with a friend/s please give details below.

**I declare that my son/daughter is in good health and able to participate in all of the summer school activities.**

**Signature of Parent/Guardian ……………………………………………………… Date ………………**

**Name of Dance Teacher...............................................................................................**

**I consent for my pupil to attend the YDS Summer School**

**Signature of Dance Teacher (compulsory) ……………………………………….. Date……………….**