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Registration Form

Student, First Name:

Student, Second Name:

Class Attended:

Do you give permission for Fiery Feet to take photographs / videos of your dancer during lesson time?

YES NO

(For our website / social media / press releases / to create videos for dancers to use at home etc. No dancers will be named in images.)

D.O.B:

Current School Year:

Primary contact name:

Primary contact number:

Primary contact email:

Primary contact address:

.....

Secondary contact name:

Secondary contact No:

Disabilities / Medical condition / Medication?.....

.....

Signed:

Date:

- Office Use
- ss
- BTDA
- fe
- file