



## Ballet Extra-Mural Activity Registration Form

### Child's Details:

- Name: \_\_\_\_\_
- Age: \_\_\_\_\_
- Grade: \_\_\_\_\_

### Parent/Guardian Details:

- Name: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email: \_\_\_\_\_

### Ballet Details:

- Level (tick one): Beginner 🗳️ Intermediate 🗳️ Advanced 🗳️

### Consent:

I, \_\_\_\_\_, give permission for my child to participate in Ballet. I understand the nature of the activity and acknowledge any potential risks.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Medical Info:

- Medical conditions or special needs: \_\_\_\_\_
- Allergies: \_\_\_\_\_
- Emergency contact: \_\_\_\_\_

### Additional Info:

- My child has ballet experience: Yes/No
- My child has any physical limitations: Yes/No (please specify) \_\_\_\_\_
- Please indicate if your child has any specific ballet shoes or attire requirements: