



## BDD Dance Company Application Form

Name of Applicant.....  
 Age.....Date of Birth.....Male/Female.....  
 Address & Post Code.....  
 .....  
 Tel.....Mobile.....Email.....

Name of Parent or Guardian.....  
 Please give details of any medical problems or medication overleaf.  
 Please give details of any Dance, Singing, or Drama Training overleaf.  
 Chest size for t-shirt (included in price).....  
 How did you hear about bdd?.....

**Dance Company for which you want to apply:**

<b>Express.</b> Mon 3rd – 7th August 2009 (7 - 9 yrs)	<b>Fees £175</b>	<input type="checkbox"/>
<b>Nimble.</b> Mon 3rd – 7th August 2009 (10 - 16 yrs)	<b>Fees £175</b>	<input type="checkbox"/>
<b>Professional.</b> Thurs 30th July – 7th August 2009 (excl. Sun). (12yrs+)	<b>Fees £235</b>	<input type="checkbox"/>
<b>Deposit</b> (non returnable)	<b>£80</b>	<input type="checkbox"/>

Balance to be paid by 30<sup>th</sup> June 2009  
**Show Sunday 9th August 2009**

**I am interested in transport between Worthing and Brighton** (Not incl. in price)

I would like to enroll (my son/daughter) for the BRIGHTON DANCE DIVERSION Summer School and enclose a cheque for £.....(10% siblings discount.....)  
 Please make cheques payable to BRIGHTON DANCE DIVERSION (address above)  
 I agree to bdd's terms and conditions

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_

Terms and Conditions;  
 Bookings: All bookings will be dealt with in the order of receipt. Discounts; if students are eligible for sibling discounts their application forms must be received together Cancellations; Courses will be cancelled if there is insufficient applications. In this instance full refunds will be issued. Applicants attending any course with an existing injury do so at their own risk. Insurance; all applicants should consider the need for insurance in case of withdrawal due to injury or sickness during the course. Waiver; It is accepted that some physical contact may be necessary by a member of the teaching faculty. BDD reserves the right to alter the advertised faculty and programme. Data Protection; If you do not wish any photo taken of your son/daughter to be used for future advertising on either the website or otherwise please indicate.....

### Health Details

1. Do you have any pre-existing medical conditions/disabilities? Yes/No  
(If yes please provide details)

.....  
.....  
.....

2. Are you required to take any prescribed medication on a regular basis? Yes/No  
(If yes please provide details)

.....  
.....  
.....

3. Do you have any allergies? Yes/No  
(If yes please provide details)

.....  
.....  
.....

4. Please give any other information relating to your health that you think we should be aware of:

.....  
.....  
.....

### Performing Arts Experience

1. Please give details of dance, singing, or drama training, and level achieved.

.....  
.....  
.....

2. Please give details of any particular interests – dance drama etc.

.....  
.....  
.....

3. Dance School/Dance Teacher.

.....

For more details call: Liz on 01903 770304