



## Single Course Enrolment Form

Name

Address

Post Code

Email Address

Home Telephone

Mobile

Date of Birth

Course Title

Start Date

Finish Date

No. Sessions

Total Course/  
Term Fee

**Do you currently suffer from any illnesses, medical conditions, injuries, allergies etc that may affect your participation on the course?**

Yes / No \* (\*delete as appropriate)

**If Yes, please give details -**

**Do you require any particular support or assistance to help you get the most out of your chosen course?**

Yes / No \* (\*delete as appropriate)

**If Yes, please give details -**

**I confirm that I am physically fit and well enough to participate on the course. I understand and agree that The Dance Teacher Training Centre, its tutors and its staff cannot be held responsible in the unlikely event of any personal injury to course participants or loss of personal property that may occur whilst I am on the premises.**

**I enclose full payment for the course and acknowledge that this is non-refundable should I need to cancel or be unable to attend.**

**Signature :**

**Date:**

**Participants Aged 17 or Under**

**Permission of Parent/Guardian/Carer:**

**I approve and give my consent for (name) \_\_\_\_\_ to participate on this course.**

**Signature of Parent/Guardian/Carer :**

**Date :**

**Contact Number : (if different from above)**

**Please Note**

**Participants aged 17 or under must provide written permission and instructions from parent/guardian/carer if any medication (eg: inhalers, paracetamol, epipens) may be needed/taken by the child whilst on the course. Parents contact numbers must also be provided.**