

REGISTRATION FORM



Please complete the fields below,
and return to Anna Izquierdo, Katherine Kean, or whiterabbitdramaclub@gmail.com

STUDENT DETAILS :

First Name:		Date of Birth:	
Last Name:		Current Age:	

PARENTS/CARERS DETAILS :

Full Name(s):			
Postal Address:		Mobile Phone:	
		Home Phone:	
		Email:	
Postcode:			

Additional Needs, Conditions and Allergies:

Asthma		Epilepsy/Siezuers		Diabetic	
Diabetic		Heart problems		Allergies resulting in anaphylactic shock	
Allergies or intolerances (e.g foods, insect bites/stings etc):					
Any other information or learning difficulties you feel could impact learning:					

If answered YES to any of the above questions, it is advisable to consult with your GP or Health Practitioner to ensure safe practice.

EMERGENCY CONTACT

Emergency Contact Number	
Emergency Contact Name	
Relationship to Student	

Declaration

To the best of my knowledge that I have answered the above questions correctly. I agree to White Rabbit Drama Club's Terms and Conditions, including the use of photography and video of students for promotional material on our website and/or social media. Please let us know in writing if you prefer your child not to be included.

SIGNATURE:

DATE:

Where did you hear about White Rabbit? (circle): Friend, Flyer, Social media, Website, Online/print listing.