

REGISTRATION FORM

THE LEWIS FOUNDATION
OF CLASSICAL BALLET



Form #

Shaping the future through dance

STUDENT'S name

Male

Female

Address

Date of birth

Age

Email

Mobile

Emergency Contact

Profession

Company

INJURIES & MEDICAL HISTORY

Have you ever suffered any serious illness? If so, please specify.

Have you ever had any surgery or operation? If so, when and of what nature?

Are you taking any type of medication? If so, what and reasons for taking it.

Have you ever had any injuries? Please list all past and present, from major injuries to minor ailments.

A BIT MORE ABOUT YOU

How did you hear about us?

Are you into any regular fitness/ dance activity? If yes, please specify.

Would you like to get involved/ contribute to a charitable cause?

Yes,
tell me more

No,
not really

Perhaps,
not sure yet

(FOR DANCE CLASSES ONLY) Previous dance experience

Years trained

Examinations

TERMS & CONDITIONS

- Fees once paid cannot be refunded or transferred
- Fees will be collected in advance for a term/ block
- Students must wear proper ballet uniform for classes
- Students must arrive on time for all classes
- No exceptions will be made to the terms and conditions without prior permission from the Management.
- Please ensure complete and correct data has been provided on the registration form so that you will receive latest updates on events, classes and show rehearsals/details.

**I have read and agree to abide
by the terms and conditions.**

Signature

Date

FOR OFFICE USE ONLY

Class

Location

Paid Term/ Block

Timings

Remarks

Date of Joining

Date

Staff Signature

Student/ Guardian's
Signature