



# Membership Form

Please fill in the whole form using a ball point pen and return it to class supervisor.

## Students details:

Full name:

Contact number:

Contact email:

Address:

Postcode :

Date of Birth:

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Gender:

Mode of Transport:

Current school/employer name:

Siblings name in P6Academy:

## Emergency contact details:

Full name:

Address:

Postcode :

Relation to student:

Contact number:

Contact email:

Other:

## Medical details:

Doctor's name:

Surgery telephone number:

Surgery address:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode :

Which classes will you be attending:

Allergy/dietary information:

<input type="text"/>
<input type="text"/>

Disabilities/Illnesses:

<input type="text"/>
<input type="text"/>

Any other issues we should be aware about:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

## Terms & Conditions:

- 1) I have read, understood and accepted full policy procedures which are found on the online website.
- 2) I acknowledge the need for obedience and responsible behaviour. If not, I understand subjection to disciplinary measures and/or being kicked out of the academy (for my child).
- 3) I accept physical contact in good practice including physical contact in case of emergency (for my child) by a trained first aider.
- 4) I accept the teaching practices of instructors/ teachers who have been viewed as and appointed by the academy as experts in the field.
- 5) I grant full rights to take and use photos, videos and recordings (in adherence with GDPR regulations) for fundraising, publicity and/or other purposes which may further the organisation in its aims.
- 6) I understand that failure to keep up with payments for paid services, such as tuition, will lead to termination of the contract.
- 7) I consent for Patishahi 6 Academy to confidentially store my data & utilise this as a means of communication i.e text messages, emails etc.

*\*Full T&C's can be found online.*

## Parent/Guardian:

I

(Mother/Father) give my child

permission to admit into **Patishahi 6 Academy** and have read, understood and accepted all terms and conditions attached.

Signature:

Date:

## Over 18:

I

have read, understood and accepted all the terms and conditions attached to **Patishahi 6 Academy** and wish to enrol as a student.

Signature:

Date: