



# Dance4all

## UNDER 18's PERMISSION FORM

I, (Please print your name) ..... as Parent / Guardian of

(Please print child's full name) .....

1. Do you give your permission for your child to take part in Dance4all classes, shows, festivals, public exhibitions and events? **Yes / No**
2. Do you agree that First Aid may be given by Dance4all's First Aider or by the Emergency Services if so required? **Yes / No**
3. Does your child need to bring any medication with them to any of these events? **Yes / No**  
(If so, please specify) .....
4. Do you give your permission that photographs or video of your child may be taken by a representative of Dance4all? (These include the filming of major shows for sale to parents/guardians, recording choreography, class progress, exams, festivals, public exhibitions, events, and parents evenings). **Yes / No**
5. Do you agree that your child's photograph or video can be used by Dance4all to advertise Dance4all in the newspapers, television, posters and the Dance4all website? (their name will not be given) **Yes / No**
6. Do you give your permission for your child to wear make-up/hair products? (E.g. exams, shows, festivals, public exhibitions and events) **Yes / No**

Signature:..... Date:.....

(If at any time you would like to remove your child's photo from our publicity, please let us know & we will do this immediately).

THANK YOU FOR TAKING TIME TO FILL OUT THIS FORM.

DANCE4ALL