**Summer**

**Dance**

**Intensive**



**Mon 31st July**

**to**

**Sat 5th August**

**Participant Booking Form:**

**Please complete this form and return to:**

**The HopBarn**

**E-mail: info@thehopbarn.org.uk**

**Tel: 07880 973 365**

**Hockerwood Lane**

**Upton Road**

**Southwell**

**Notts**

**NG25 0PZ**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant Information:** | | | | | | | | | | | | | | |
|  |  |  | |  | |  | | | |  | |  | |  |
| **First Name:** |  | | | | | **Surname:** | | | |  | | | | |
|  |  |  | |  | |  | | | |  | |  | |  |
| **Address:** |  | | | | | | | | | | | | | |
|  |  |  | |  | |  | | | |  | |  | |  |
| **Town/City:** |  | | | | | **Postcode:** | | | |  | | | | |
|  |  |  | |  | |  | | | |  | |  | |  |
| **Age:** |  | | | | | **Date of Birth:** | | | | \_ \_ / \_ \_ / \_ \_ \_ \_ (DD/MM/YYYY) | | | | |
|  |  |  | |  | |  | | | |  | |  | |  |
| **Gender:** | **Male** |  | **Female** | | |  |  | | | | | | | |
|  |  |  | |  | |  | | | |  | |  | |  |
| **Please describe your previous dance experience** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Do you take part in any sport other other physical activities? If yes, please provide a description of what they are:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| ***The HopBarn: SDi booking form continued….*** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Medical Information:** *please note that this information is purely to provide The HopBarn Staff with important information in respect of The HopBarn’s commitment to Safeguarding. The information will be treated with upmost confidentiality.* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Do you suffer from any medical conditions:** | | | | | **Yes** | | | |  | **No** | |  |  | |
|  | | | | | | | | | | | | | | |
| I**f yes, please provide an account of what they may be:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Do you suffer from any allergies:** | | | | | | | **Yes** | |  | **No** | |  |  | |
|  | | | | | | | | | | | | | | |
| **If yes, please describe what they are:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Do you, or have you had in the past, suffered from any physical conditions such as a broken leg or arm, long term sprain or muscle injury or anything that required physiotherapy treatment?** | | | | | | | | | | | | | | |
|  |  |  | | |  |  | | | |  | |  | |  |
|  |  |  | | | **Yes** | | | |  | **No** | |  |  | |
|  | | | | | | | | | | | | | | |
| **If yes, please provide a brief description:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| N**ext of KIN: In the unlikely event of participants requiring immediate medical attention, please provide the names of 2 respected family members or friends who can act as Next of Kin Contacts:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Person 1 Name:** | | |  | | | | | **Mobile:** | | |  | | | |
| **Relationship with Participant:** | | |  | | | | | **E-Mail:** | | |  | | | |
|  |  |  | | |  |  | | | |  | |  | |  |
| **Person 2 Name:** | | |  | | | | | **Mobile:** | | |  | | | |
| **Relationship with Participant:** | | |  | | | | | **E-Mail:** | | |  | | | |
|  |  |  | | |  |  | | | |  | |  | |  |

***The HopBarn: SDi booking form continued….***

**Parental Consent:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | |  | |  |  | | |  | |  | |  | |
| **Name of Parent/ Guardian:** | | | |  | | | | | | | | | | | |
|  | |  | | | |  | | | |  | | | |  | |
| **Relationship to Participant:** | | | |  | | | | | | | | | | | |
|  | | |  | | |  | | | |  | | | |  | |
| **Address:** | | | |  | | | | | | | | | | | |
|  | | |  | | |  | | | |  | | | |  | |
| **Town/City:** | | | |  | | | | | | **Postcode:** | |  | | | |
|  | | |  | | |  | | | |  | | | |  | |
| **Contact Phone Number:** | | | |  | | | | | | **Mobile:** | |  | | | |
|  | | |  | | |  | | | |  | | | |  | |
| **E-Mail:** | | | |  | | | | | |  | | | | | |
|  | | |  | | |  | | | |  | | | |  | |
| **I *please write your name here* consent for my son/daughter to take part in The HopBarn’s Summer Dance Intensive from Monday 31st July to Saturday 5th August 2017:** | | | | | | | | | | | | | | | |
|  | | |  | | |  | | | |  | | | |  | |
| **Signed:** | | | |  | | | | | | | | | | | |
|  | | |  | | |  | | |  | | | | |  | |
| **Date:** | | | |  | | | | |  | | | | |  | |

**Payment:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **The cost of the SDi has been set at £50 per participant and covers their full attendance from**  **Monday 31st July to Saturday 5th August 2017 / 10am – 5pm each day.** | | | | | | |
|  | | | | | | |
| Payment by **cash** can be made at **The HopBarn** directly, please contact The HopBarn by phone or e-mail to arrange a suitable time for payment to be made. | | | | | | |
|  | | | | | | |
| Payment by **cheque**, please make payable to **The HopBarn Centre** | | | | | | |
|  | | | | | | |
| **Payment by BACs can be made to**  **Natwest Account: 36115630**  **sort code: 60-20-15**  ***Once payment has been made, please e-mail The HopBarn with the used reference in order***  ***that staff members can trace the payment.*** | | | | | | |
|  | | | | | | |
| **Please indicate preferred method of Payment** | | | | | | |
| **Cash** |  | **Cheque** |  | **BACs** |  |  |

**Please note that further, more detailed information will be sent to all participants prior to the commencement of the SDi in order that they are fully aware of the planned activity, what to wear, what food and drink to bring and how the SDi will be delivered.**

**If you have any immediate questions in regards to the SDi,**

**please e-mail:** [**info@thehopbarn.org.uk**](mailto:info@thehopbarn.org.uk) **or phone 07880 973 365**