

STAGewise PERFORMING ARTS

APPLICATION FORM

Please tick appropriate boxes

I wish to register for **StageWise 2½ hr { }** **Drama Only 1 ½ { }**

The School The Applicant Attends.....

APPLICANT'S NAME.....

AGE..... D.O.B..... Sex.....

FULL POSTAL ADDRESS.....

.....

.....

PARENT / GUARDIAN NAME.....

Parent's telephone numberMobile.....

E-mail.....

Do you know of any reason why the applicant should NOT embark on any physical activity programme? Please tick the appropriate box **Yes** **No**

If you have answered yes to the above question or the applicant requires special care due to any medical problem or disability please inform us on a separate sheet.

As a parent/guardian of the above person, I confirm that I have read and understood the above questions and realise that whilst Mainstream Tutors will take every care, they cannot be held responsible for any injury arising from any illness or condition from which the applicant may be suffering.
I give permission for the applicant to be medically treated for illness occurring or injury sustained during participation in performing activities. I hereby release any agents or employees of Mainstream Academy and Mainstream Theatre Arts from any liability on account of any injuries. I also give consent for my child to be photographed and for the photographs to be used for education and promotional purposes.
I have read the above and understood the enrolment conditions.

SIGNATURE.....DATE.....

I enclose my cheque/s for £.....

Please Make Cheques payable to "MAINSTREAM" and return your application to Mainstream Theatre Arts, 28 Reuben Street, Heaton Norris, Stockport SK4 1PS

THANK YOU!