



ADULT ENROLMENT FORM

To: Miss Kim Yew Wong, 6 Tozer Way, Whaddon, Salisbury, SP5 3FT
Email: admin@salisburydancestudios.co.uk

I would like to enrol for the following adult class(es): **PLEASE PRINT IN CAPTITALS**

TAP _____ (DAY) _____ (LEVEL)

BALLET _____ (DAY) _____ (LEVEL)

Name _____ Date of Birth _____

Address _____

_____ Post Code: _____

Email: _____

Tele Nos: Day _____ Eve _____

Emergency Contact Details:

Name: _____ Contact Number: _____

Any medical conditions or injuries that we must be aware of:

I enclosed **£10 deposit (non-refundable)** Cheque made payable to: Salisbury Dance Studios or

BACS Details: Sort Code: 090128 Account No: 61960885. Put name as ref

I understand that I am fully responsible for my health and safety during my time at Salisbury Dance Studios.

I understand that due to the nature of Dance physical contact may be necessary by the teaching faculty.

I agree to pay termly *in advance* and will give a *term's notice or fees in lieu* if I withdraw from class / classes.

Signed: _____

Print Name: _____

Date: _____



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PLEASE TURN OVER

IMPORTANT INFORMATION REGARDING GENERAL DATA PROTECTION REGULATION (GDPR)

New GDPR regulations from 25 May 2018 requires us to inform you of the following:

1. We (Salisbury Dance Studios) are holding your personal data information i.e your name, date of birth, address, contact numbers and email address, Also medical information that we need to be aware of.
2. We have this data so that we can contact you if we need to inform you of anything relevant to you attending classes at Salisbury Dance Studios or if you should be taken ill during a class and therefore this data may also be shared with our staff.
3. The information is kept until you leave Salisbury Dance Studios and it will then be archived.
4. The data is securely held and if our data is breached you will be informed within 72 hours.
5. If you need to access the data held please speak directly to Miss Kim or Miss Katy and we will be happy to provide this for you.

**IT IS VERY IMPORTANT THAT YOU ARE HAPPY FOR SALISBURY DANCE STUDIOS
TO HOLD YOUR DATA AS OTHERWISE WE ARE UNABLE TO DELIVER CLASSES
FOR ADULTS.**

Name: _____

I consent to be contacted by email and receive information relevant to SDS

I DO NOT wish to be contacted by email from SDS.

Signed: _____

Date: _____