



AMERICAN DANCE SCHOOL - PARTICIPANT REGISTRATION FORM

Today's Date:		ADS
DANCER INFORMATION		
First name:		Last name:
Birth Date		Age: Sex: <input checked="" type="radio"/> M <input type="radio"/> F
Address:		
Home phone no.:		Mobile phone no.:
Email address:		
PARENT/ NEXT OF KIN INFORMATION		
First name:		Last name:
Relationship to Participant:		
Address (if different from above);		
Home phone no.:		Mobile phone no.:
PLEASE TICK THE CLASSES YOU ARE REGISTERING FOR		
Ballet <ul style="list-style-type: none"><input type="checkbox"/> Level 1 Ballet<input type="checkbox"/> Level 2 Ballet<input type="checkbox"/> Level 3 Ballet<input type="checkbox"/> Level 4 Ballet<input type="checkbox"/> Level 5 Ballet<input type="checkbox"/> Level 6 Ballet<input type="checkbox"/> Pre-Pointe (Placement only)<input type="checkbox"/> Pointe (Placement Only) Jazz <ul style="list-style-type: none"><input type="checkbox"/> Level 1 Jazz<input type="checkbox"/> Level 2 Jazz<input type="checkbox"/> Level 3 Jazz<input type="checkbox"/> Level 4 Jazz Creative Movement <ul style="list-style-type: none"><input type="checkbox"/> Creative Movement 1<input type="checkbox"/> Creative Movement 2	Contemporary <ul style="list-style-type: none"><input type="checkbox"/> Contemporary Hip Hop <ul style="list-style-type: none"><input type="checkbox"/> Level 1 Hip Hop<input type="checkbox"/> Level 2 Hip Hop<input type="checkbox"/> Level 3 Hip Hop<input type="checkbox"/> Level 4 Hip Hop Acro <ul style="list-style-type: none"><input type="checkbox"/> Acro 1(a)<input type="checkbox"/> Acro 1(b) Musical Theatre <ul style="list-style-type: none"><input type="checkbox"/> Musical Theatre	



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HEALTH QUESTIONNAIRE

This is to be completed by the participant if over the age of 18. If the participant is under the ages of 18 the responsible adult listed on this registration form must fill it out on the participant's behalf.

ADS will treat all information confidentially. (Please circle as necessary)

- 1. Have you ever been diagnosed with a heart condition with advice from a doctor that you should only do physical activity recommended by them? **Yes/ No**
- 1. Have you ever felt pain in your chest whilst you were physically active? **Yes/ No**
- 2. Have you ever felt chest pain whilst you were at rest? **Yes/ No**
- 3. Do you ever feel faint or have dizzy spells? **Yes/ No**
- 4. Do you have a joint problem that could be made worse by exercise? **Yes/ No**
- 5. Have you ever been diagnosed with high blood pressure? **Yes/ No**
- 6. Are you currently taking any medication of which the instructors should be made aware? **Yes/ No**
If you are please detail what medication you are taking:

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- 7. Are you currently pregnant or have you had a baby in the last six months? **Yes/ No**
- 8. Is there any other reason why you should not participate in physical activity? If so, please detail:

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- 9. Do you have any previous or current injuries/health conditions that your dance teacher should be aware of? If so, detail:

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If you have answered yes to one or more questions, talk to your doctor by phone or in person before increasing your physical activity. Tell your doctor about the question(s) you have answered yes to. You may still be able to do any activity you want – as long as you begin slowly and build up gradually – or you may need to limit your activities to those which are safe for you.

Talk with your doctor about the kind of activity you wish to participate in and follow his/ her advice.

If you have answered no to all questions. You can be reasonably confident that you can start to increase your physical activity and take part in a progressive exercise program.

Please note

If your health changes so that you answer yes to any of the above questions, please inform your dance teacher immediately.

- If you or anyone in your household have any symptoms of Covid-19 please stay home and do not attend ADS

SIGNATURE

The above information is true to the best of my knowledge. The participant must sign if they are over the age of 18. If a participant is below the age of 18, the responsible adult listed on this registration form must sign on behalf of the participant.

Participant/Guardian signature

Date