



Amanda Nicole
Principal
Amanda Nicole School of Dance
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Cheer Camp

NAME OF APPLICANT _____ D.O.B. ____/____/____

HOME ADDRESS _____

POST CODE _____

TELEPHONE NUMBER _____

I AM APPLYING FOR CHEER CAMP: 29th October - 2nd November 2012

AGE

DOCTORS NAME _____ TEL. NO. _____

DOES THE APPLICANT SUFFER FROM ANY KNOWN MEDICAL CONDITIONS OR ALLERGIES?
IF SO, PLEASE GIVE DETAILS

IN AN EMERGENCY THE FIRST CONTACT IS:

NAME _____ TEL. NUMBER _____

WAIVER OF LIABILITY: I the Applicant, Parent / Legal Guardian of the above applicant, do hereby give permission to participate in all classes, shows or events offered by or attended by The Amanda Nicole School of Dance. I accept all risks associated with the participation and understand that there is a full possibility of injury, strain, pulled muscles or broken bones, but not limited to . I hereby covenant not to sue and waive, release and forever discharge any and all rights and claims for damages, which may arise now or in the future against **The Amanda Nicole School of Dance** and it's Owners, Employee's or other assigned representatives or volunteers from any and all liability and for any and all damages and or injuries which may be sustained or suffered by the applicant listed above. Furthermore I hereby give my full permission for **The Amanda Nicole School of Dance** to use photographs and/or videos of the applicant listed above as deemed appropriate for the promotion of **The Amanda Nicole School of Dance**

Print Full Name Signature Date.....

If the applicant is under the age of 18 years, a signature of a parent or legal guardian is required.

Print Full Name of Parent / Legal Guardian Signature of Parent / Legal Guardian.....

PLEASE ENCLOSE THE AMOUNT OF £55.00 PER CHILD AND RETURN TO ME AT THE ABOVE ADDRESS
ALL CHEQUES TO BE MADE PAYABLE TO :**AMANDA NICOLE SCHOOL OF DANCE**
PLEASE NOTE:- ONCE PAYMENT HAS BEEN RECEIVED NO REFUNDS CAN BE GIVEN