



**Amanda Nicole**  
Principal  
**Amanda Nicole School of Dance**  
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## Level One: Urban Street Course Booking Form

NAME OF APPLICANT \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_

POST CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ MOBILE \_\_\_\_\_

I AM APPLYING FOR LEVEL ONE: URBAN STREET COURSE: 1ST NOV-13TH DEC 2012

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, do hereby give permission to participate in all courses, 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.....

ANY APPLICATION THAT IS FOUND TO BE FALSELY COMPLETED WILL RESULT IN THE STUDENT BEING UNABLE TO ATTEND ANY COURSES RAN BY **THE AMANDA NICOLE SCHOOL OF DANCE**.

PLEASE ENCLOSE THE AMOUNT OF £100.00 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