

STUDENT INFORMATION

Full Name	<input type="text"/>	Membership No	<input type="text"/>
Address	<input type="text"/>	Date Of Birth	<input type="text"/>
	<input type="text"/>	Home Tel	<input type="text"/>
Postcode	<input type="text"/>	Mobile Tel	<input type="text"/>
E-Mail	<input type="text"/>	Work Tel	<input type="text"/>
School/College	<input type="text"/>	Occupation	<input type="text"/>

CLASSES

I would like to register for the following classes:

Class Description	Class Day and Time	PAYG	Block
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTACT DETAILS

Contact No 1

Full Name	<input type="text"/>	Home Tel	<input type="text"/>
Relationship to student	<input type="text"/>	Mobile Tel	<input type="text"/>

Contact No 2

Full Name	<input type="text"/>	Home Tel	<input type="text"/>
Relationship to student	<input type="text"/>	Mobile Tel	<input type="text"/>

Contact No 3

Full Name	<input type="text"/>	Home Tel	<input type="text"/>
Relationship to student	<input type="text"/>	Mobile Tel	<input type="text"/>

MEDICAL INFORMATION

Please list any medical conditions e.g. Allergies, asthma etc and any medication the student requires.
All information will be kept strictly confidential.

I would like to receive newsletters via e-mail. E-Mail address

I am **NOT** happy for my child to be photographed.

I have read and accept the Stalder Academy Policies. (If Student under 18 parent/guardian to sign)

SIGNATURE DATE