

STUDENT NAME:		DATE OF BIRTH:	
ADDRESS:			
		POSTCODE:	
TELEPHONE:		MOBILE:	
EMAIL:			
OTHER DETAILS (Important relevant information e.g. medical issues, allergies etc):			
Continue overleaf if necessary			
PLEASE TELL US WHICH SCHOOL YOU ATTEND AND WHERE YOU HEARD OF KOBIKA DANCE:			
<p>I/We accept The Kobika Dance Terms and Conditions.          (Cheerleaders) I have read and understood the cheerleading and what it involves information sheet.          Both can be found at <a href="http://www.kobikadance.co.uk">www.kobikadance.co.uk</a> or <a href="http://www.kobikastarlites.co.uk">www.kobikastarlites.co.uk</a></p>			
Signature: _____		Date: _____	
A parent/guardian must accept on behalf of a student under the age of 18			

### Model Release Form

This consent gives permission for images/video footage of yourself/your child to be taken during Kobika Dance classes, workshops, parties, demonstrations, events and shows, and for these images/video footage to be lawfully used for the advertising, marketing and promotion of Kobika Dance.

Consent also includes the release of photographs/video footage for sale to parents as mementos of Kobika Dance workshops or the rehearsals/shows performed by students of Kobika Dance.

The photographs/video footage may be used in Kobika Dance promotional material including, but not limited to, flyers, posters, newsletters, course leaflets, advertisements, promotional show reels, web site and press releases.

I also relinquish any right to edit/examine or approve the products or use to which any such image(s) is/are applied in the lawful promotion of Kobika Dance. I have read this Model release and approve of its terms.

Full name of parent/guardian (if consenting for a child under 18 yrs):			
Address of parent/guardian: (If different from above)			
Signature:			Date: