



Registration Form

Your Name (First and Last): _____

Date of Birth: _____

Email Address: _____

Contact Number: _____

Would you prefer Face to Face, Zoom or Facetime (for your lesson delivery): _____

Home Address (so we can send future certificates/lesson folders): _____

Any medical history we should know about:

Any learning difficulties we should be made aware of:

Try and describe current level you are at:

How did you hear about us?

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By signing this you hereby claim that all of the above information is correct at the date that you are signing this.

Signature of parent/guardian (if student is under 16): _____

Date: _____