



Adult Classes Enrolment Form

Please complete and return this form to Charis Charles, Phoenix Dance Theatre, St Cecilia Street, Quarry Hill, Leeds. LS2 7PA or email to charis.charles@phoenixdancetheatre.co.uk
(please note places are limited and will be allocated on a first come, first served basis)

PERSONAL DETAILS

First Name: _____ Surname: _____

Address: _____

Postcode

--	--	--	--	--	--	--	--

 Telephone: _____

Date of Birth

--	--	--	--	--	--	--	--	--	--

 Gender Male Female

EMERGENCY CONTACT

Full Name: _____ Relationship to participant: _____

Home Address: _____

Town / City: _____ Postcode _____

Home Telephone: _____ Work Telephone: _____

Mobile Telephone: _____

Do you (the student) have any medical conditions e.g asthma? Yes No

If yes please specify. _____

ETHNIC ORIGIN – Completion of this section is optional

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 11 Asian / Asian British - Bangladeshi |
| <input type="checkbox"/> | 12 Asian / Asian British – Indian |
| <input type="checkbox"/> | 13 Asian / Asian British – Pakistani |
| <input type="checkbox"/> | 14 Asian / Asian British - Any other Asian background |
| <input type="checkbox"/> | 15 Black / Black British – African |
| <input type="checkbox"/> | 16 Black / Black British – Caribbean |
| <input type="checkbox"/> | 17 Black / Black British - Any other black background |
| <input type="checkbox"/> | 18 Chinese |
| <input type="checkbox"/> | 19 Mixed - White and Asian |
| <input type="checkbox"/> | 20 Mixed - White and Black African |
| <input type="checkbox"/> | 21 Mixed - White and Black Caribbean |
| <input type="checkbox"/> | 22 Mixed - Any other mixed back ground |
| <input type="checkbox"/> | 23 White British |
| <input type="checkbox"/> | 24 White – Irish |
| <input type="checkbox"/> | 25 White - Any other mixed back ground |
| <input type="checkbox"/> | 98 Any other |
| <input type="checkbox"/> | 99 Not known / Not Provided |

Declaration

To be completed by student.

I (print name) _____

agree to take part in this class/group.

I will inform Phoenix Dance Theatre as soon as possible of any changes in the medical or other circumstances.

Signed: _____ Date: _____