

Yorkshire Fame Academy Registration

Name:	
Address:	
Postcode:	
Telephone:	
Email:	
Emergency Tel. 1:	
Emergency Tel. 2:	

Age:	
Please inform of any medical needs: (e.g. allergies or sensitivity to flashing lights)	
Do you give permission for promotional pictures to be taken of your child? Yes / No	
Where did you hear about the Fame Academy?	

Signature:	
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