NRGDC Enrolment Form

Stude	nt Name		Date of Birth
Addre	SS		
			Postcode
Medic	cal Conditions/ Allergies		
Schoo	l attended & admission y	/ear	
<u>Faceb</u>	ook Name		
Email	address		
	Co	ontact Name and Numbers (Par	ent/ Guardian)
1)			Number
			Number
			Number
Provid	de additional contacts in o	case of emergency if you have any; we w	ill ALWAYS use Parent/ Guardian details first.
		Emergency Contact if not the same	e as above
1)	FULL Name	Contact I	Number
2)	FULL Name	Contact I	Number
permi publis	ssion for NRGDC to take	photographs & videos of	ardian) *give/ *do not give (please delete)(Student) and se to abide to the NRGDC Golden Rules and
place after s outsta	in the class and are payal such time a £20 late payn anding for longer than 1 r	ble regardless of holiday or sickness. Fee ment fee is incurred in addition to any ou month period legal action will follow; whi	•
PRINT			
injury. correc	. If a Parent has any conc et procedures and alongsi	erns please speak to Chief. We assure yo	te children may have the odd bump, scrape and u we follow strict guidelines on safety, follow hecked and First Aid qualified, however due to d we take no responsibility for these.
	£20 Annual	Enrolment Fee – Please return form to t	he Office with full payment.
Date I	Paid	NRGDC Signed	Receipt No