PIPPA'S
Health Centre Limited
The Fitness Professionals

MFDA

Pippa's Health Centre Ltd. P.O. Box 2969, Accra
5th Ringway Link, Ringway Estates
Tel: (0302) 224488
Email: mfdacoordinator@gmail.com , pippa@pippasfitness.com

DANCE REGISTRATION FORM

NAME OF STUDENT:

(SURNAME FIRST, BLOCK LETTERS ONLY)

SEX: MALE ☐ FEMALE ☐ AGE ☐☐ DATE OF BIRTH / ☐☐ ☐☐ ☐☐☐☐

DD MM YY

SCHOOL: ..... GRADE/ CLASS: .....

ANY SIBLINGS? YES ☐ NO ☐ NATIONALITY: .....

IF YES TO ABOVE, PLEASE COMPLETE THIS SECTION:
NAME: ..... AGE ☐☐
NAME: ..... AGE ☐☐
NAME: ..... AGE ☐☐

FATHER'S NAME: .....

TEL: (OFFICE): .....

TEL: (RES.) .....

MOBILE: .....

E-MAIL: .....

MOTHER'S NAME: .....

TEL: (OFFICE): .....

TEL: (RES.) .....

MOBILE: .....

E-MAIL: .....

PLEASE INDICATE IF YOUR CHILD HAS ANY SPECIAL MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (SUCH AS A HEARING IMPEDIMENT OR ASTHMA) YES ☐ NO ☐

IF YES, PLEASE GIVE DETAILS.....

PREVIOUS DANCE EXPERIENCE (IF ANY): .....

DANCE PREFERENCE: BALLET ☐

I CONFIRM ALL THE INFORMATION ABOVE AND ACCEPT ALL THE TERMS AND CONDITIONS UPON REGISTERING INTO THE MFDA. PLEASE NOTE FEES ONCE PAID ARE NOT REFUNDABLE.

SIGNATURE: ..... DATE: .....

PRIMA 1..... $ 185, PRIMA 2-4, JNR/SNR/INT BALLET... $ 240

CASH ☐ **CHEQUE** ☐