

**REGISTRATION PACK**

**ONLY TO BE COMPLETED BY NEW ACADEMY MEMEBERS**

**or EXISTING MEMBERS WITH CHANGE OF PERSONAL/MEDICAL DETAIL**

**CODE OF CONDUCT & LIABLITY/ MEDICAL FORMS TO BE COMPLETED BY EVERYONE**

**Registration fees-**

**£30 for first Athlete**

**£25 each for 2 siblings in ADA**

**£20 each for 3+ Siblings in ADA.**

Fees are to be paid by all ADA members and are payable either by Cash or Transfer. Please complete the forms attached and return with fee in a sealed envelope.

Bank details: Natwest Sort: 601229 Acc: 31235018 REF: Athlete name - Reg

**Registration completion-**

To complete registration please log into Coacha and complete athlete details.

<https://my.coacha.app/member_signup/655124584F>

**PERSONAL INFORMATION CONTACT SHEET**

1. MEMBERS DETAIL

Athlete’s name---------------------------------------------------------------------------------------

Address-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Postcode----------------------------------------------------------------------------------------------

Date of Birth-------------------------------------------------

IF UNDER 18 YEARS OLD:

DETAILS OF PARENTS/CARERS WHO LIVE WITH THE ATHELETE AND/OR HAVE PARENTAL RESPONSIBILITY FOR THE ABOVE ATHLETE

|  |  |
| --- | --- |
| Name-----------------------------------------  Address---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  Postcode--------------------------------------  Relationship----------------------------------  Email --------------------------------------------------------------------------------------------  --------------------------------------------------  Facebook name-------------------------------------------------------------------------------  --------------------------------------------------  Tel:  Home:-----------------------------------------  Mobile:-----------------------------------------  Work:------------------------------------------ | Name--------------------------------------------  Address----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  Postcode---------------------------------------  Relationship-----------------------------------  Email ------------------------------------------------------------------------------------------------  ----------------------------------------------------  Facebook name----------------------------------------------------------------------------------  ----------------------------------------------------  Tel:  Home:-------------------------------------------  Mobile:------------------------------------------  Work:-------------------------------------------- |

1. NAME(s) OF ANOTHER SIBLING AT ANGELS DANCE ACADEMY

Name: ------------------------------------------ Name: -------------------------------------------------

**ADDITIONAL INFORMATION (e.g. medical conditions, epilepsy, asthma, diabetes).**

**If YES: Please attach a photo of your child with medical details, labelled medication and emergency contact details.**

1. NAME OF MEDICAL PRACTICE, TELEPHONE NUMBER AND DOCTOR –

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1. IN THE CASE OF EMERGENCY DO WE HAVE YOUR PERMISSION TO OBTAIN MEDICAL TREATMENT FOR YOUR CHILD? PLEASE TICK RELEVANT BOX YES NO

PARENT/CARER NAME (PRINT)

SIGNTURE

**HEALTH FORM**

**THIS FORM IS NECESSARY FOR THE PARTICIPATION IN ALL TIMETABLED SESSIONS PROVIDED BY ANGELS DANCE ACADEMY. PLEASE READ THE FOLLOWING INSTRUCTIONS VERY CAREFULLY!**

1. This completed form is MANDATORY for the participation in anything the Angels Dance Academy is involved with.
2. The Angels Dance Academy is covered by insurance with Perkins Slade LTD.

Athlete/Performer Name --------------------------------------------------------------------------

Full Address ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

In case of emergency notify:

Contact name ------------------------------------ Phone ----------------------------------------

OR --------------------------------------------------- Phone ----------------------------------------

Vigorous Activity: As part of the Angels Dance Academy you will be participating in a vigorous athletic activity that will include all or elements of: dance, cheerleading, dance technique drills, stunts, including mounts and dismounts, all level appropriate gymnastic skills, stage combat and the handling of props and set. Due to the nature of the activity we wish to inform you that the possibly of injury does exist as with any other athletic activity.

Parental consent: I/We authorise the coach or team officials of the Angels Dance Academy to seek treatment for any injury occurred by my child whilst Dancing/Cheerleading/tumbling/acting and also authorise the doctor and/or hospital nearby to perform treatment to any injury.

I/We have read the above and understand the risk of vigorous athletic activity. Our child is in good health and physically capable of participating as part of the Angels Dance Academy.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the Dancer/Cheerleader is over 18 years of age parents signature N/A

**LIABILITY/MEDICAL**

I (Parent/guardian if under 18 years) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­Herby release and absolve Angels Dance Academy it subsidiary’s staff, employees, directors and presidents from all liability and responsibility for injuries, sickness, accidents, loss of money and property that may be sustained whilst at Angels Dance Academy classes, events, workshops, camps or competition.

I (Parent/guardian if under 18 years) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Herby release and absolve Angels Dance Academy it subsidiary’s staff, employees, directors and presidents from all liability and responsibility for Youth, Junior & Senior athletes’ safety whilst entering and exiting the building/venue of any event or class held by Angels Dance Academy.

I (Parent/guardian if under 18 years) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Herby release and absolve Angels Dance Academy it subsidiary’s staff, employees, directors and presidents from all liability and responsibility for Youth, Junior & Senior athletes’ travel to and from the building/venue of any event or class held by Angels Dance Academy. (EXCEPTION) Parent/guardian communication and CONFIRMATION with Angels Dance Academy staff, employees and or directors on day of event or class held by Angels Dance Academy.

If filling this form out for a person under the age of 18 years of age, please confirm their full name below.

(The person you are signing for if less than 18 years of age).

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete/Performer Representation: I agree to co-operate with the coach and team officials and will follow the instructions and rules in accordance with their directions. I understand that failure to obey the rules and instructions of the coach and team officials may result in my dismissal and discharge from the team without reimbursement of fees.

As an Athlete/Performer I understand that I am free to withdraw my participation upon my request and at my own free will without coercion, duress or intimidation of any sort.

Athlete/Performer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

**RELEASE FORM**

In consideration of me signing this release form, I am allowing my child(ren) to participate in all Angels Dance Academy classes, events, workshops, camps and competitions intend to be legally bound and agree to waive and release all rights to claim for damages which I or my child(ren) may sustain or suffer whilst participating at the event, including travelling to and from the event. I also confirm that I/my child, have not been advised by a doctor or paramedic to avoid physical exercise and do not know of any problems that my adversely affect my/their health when taking part at the event.

PARTICIPANTS DETAILS EMERGENCY

|  |  |
| --- | --- |
| Name------------------------------------------  Address---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  Postcode--------------------------------------  Email --------------------------------------------------------------------------------------------  --------------------------------------------------  Tel:  Home:------------------------------------------  Mobile:-----------------------------------------  Work:------------------------------------------- | Name------------------------------------------------  Address---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  Postcode--------------------------------------------  Relationship---------------------------------------  Tel:  Home:-----------------------------------------------  Mobile:----------------------------------------------  Work:------------------------------------------------ |

Consent: I hereby agree with the above, and have read and fully understand these conditions and signing, agree to accept them.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATA PROTECTION POLICY**

**GDPR**

GDPR came into force on the 25th May 2018, there is a 12-step guide available to view from the Information Commissioners Office (ICO) here:

<https://ico.org.uk/media/1624219/preparing-for-the-gdpr-12-steps.pdf>

GDPR basically gives increased privacy rights to individuals whose data is being collected.

**Policy statement**

Angels Dance Academy is committed to a policy of protecting the rights and privacy of individuals, members, volunteers’ staff and others in accordance with The Data Protection Act 1998. The policy applies to all voluntary, members and staff at the academy. Any breach of The Data Protection Act 1998 or the academy’s Data Protection Policy is considered to be an offence and, in that event, disciplinary procedures apply.

As a matter of good practice, other organisations and individuals working with the academy, and who have access to personal information, will be expected to have read and comply with this policy. It is expected that any staff who deal with external organisations will take responsibility for ensuring that such organisations abide by this policy.

**Legal Requirements**

Data are protected by the Data Protection Act 1998, which came into effect on 1 March 2000. Its purpose is to protect the rights and privacy of individuals and to ensure that personal data are not processed without their knowledge, and, wherever possible, is processed without their consent.

The Act requires us to register the fact that we hold personal data and to acknowledge the right of ‘subject access’ – voluntary and academy members and staff must have the right to copies of their own data.

**Managing Data Protection**

We will ensure that our details are registered with the Information Commissioner.

**Purpose of data held by the Community Association**

Data may be held by us for the following purposes:

There are many reasons why Angels Dance Academy (ADA) will need to store members personal data.

* ADA will need to take register of all members that attend each session for safety reasons.
* We will also need all member to fill out an emergency contact form which will only be kept on file for the duration of your time at the academy, after which will be destroyed.
* Your details will also be registered with each event we attend purely for the event providers to know who is attending and which age category you fall into, the information they will need is minimal.
* ADA will also ask permission to take photographs and videos for the website, social media and also promotional materials such as flyers and posters.

The academy will make sure it keeps a record of all data received from its members and where the data is being shared. We will also ask all members to sign consent forms for any data which we require.

1. **Data Protection Principles**

In terms of the Data Protection Act 1998, we are the ‘data controller’, and as such determine the purpose for which, and the manner in which, any personal data are, or are to be, processed. We must ensure that we have:

**1. Fairly and lawfully processed personal data**

Will always put our logo on all paperwork, stating their intentions on processing the data and state if, and to whom, we intend to give the personal data. Also provide an indication of the duration the data will be kept.

**2. Processed for limited purpose**

We will not use data for a purpose other than those agreed by data subjects (members, staff and others). If the data held by us are requested by external organisations for any reason, this will only be passed if data subjects (members, staff and others) agree. Also, external organisations must state the purpose of processing, agree not to copy the data for further use and abide by The Data Protection Act 1998 and Data Protection Policy.

**3. Adequate, relevant and not excessive**

The academy will monitor the data held for our purposes, ensuring we hold neither too much nor too little data in respect of the individuals about whom the data are held. If data given or obtained are excessive for such purpose, they will be immediately deleted or destroyed.

**4. Accurate and up-to-date**

We will provide our members (members, staff and others) with a copy of their data once a year for information and updating where relevant. All amendments will be made immediately, and data no longer required will be deleted or destroyed. It is the responsibility of individuals and organisations to ensure the data held by us are accurate and up-to-date. Completion of an appropriate form (provided by us) will be taken as an indication that the data contained are accurate. Individuals should notify us of any changes, to enable personnel records to be updated accordingly. It is the responsibility of the Association to act upon notification of changes to data, amending them where relevant.

**5. Not kept longer than necessary**

We discourage the retention of data for longer than it is required. All personal data will be deleted or destroyed by us after one year of non membership has elapsed.

**6. Processed in accordance with the individual’s rights**

All individuals that the Association hold data on have the right to:

* Be informed upon the request of all the information held about them within a month.
* Prevent the processing of their data for the purpose of direct marketing.
* Compensation if they can show that they have been caused damage by any contravention of the Act.
* The removal and correction of any inaccurate data about them.

**7.Secure**Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of data.

All Association computers have a log in system and our Contact Database is password protected, which allow only authorised staff to access personal data. Passwords on all computers are changed frequently. All personal and financial data is kept in a locked filing cabinet and can only be accessed by the Head Coach. When staff members are using the laptop computers out of the office care should always be taken to ensure that personal data on screen is not visible to strangers.

**Not transferred to countries outside the European Economic Area, unless the country has adequate protection for the individual.**

Data must not be transferred to countries outside the European Economic Area without the explicit consent of the individual. The academy takes particular care to be aware of this when publishing information on the Internet, which can be accessed from anywhere in the globe. This is because transfer includes placing data on a web site that can be accessed from outside the European Economic Area.

**B. Processing Data**

GDPR requires ADA to document why we need to lawfully process people’s data. This includes the information we keep, what it is being used for and our reasons for needing it.

We have the following reasons for processing people’s data –

* Legal - we have the following legal obligations for processing data which include but are not limited to health and safety, insurance and child protection.
* Contractual - which allows the academy to provide members with the services associated with our programme such as sending requests for payment, registers, and entrance to events.
* Legitimate interests – which is when the processing is necessary for the academies legitimate interests such as but not limited to marketing.
* Consent – Is when the individual has given clear consent for you to process their personal data for a specific purpose. For example taking photographs for academy website.

**Data collected by members, parents/guardians includes the following:**

* Name, address, date of birth, telephone numbers, two next of kin details and email address.
* Family Doctors details.
* Health Records
* Pre-existing medical conditions.
  1. Allergies.
  2. Any medication currently being taken.
* Various communications where members may be mentioned by name.
* Emails, text, phone calls, post.
* Individual progress monitored via progress trackers.
* Records of Financial Transactions that have taken place.

The reasons for needing the above information is covered in section B under Processing Data. The data will be collected directly from members, parents/guardians. The data collected will be shared with staff at ADA, Event Providers and Hotels at which the team will be staying at for competitions.

**The designated data controller at Angels Dance Academy is:**

**Stephanie Bedford**

**Email Address:** [**angelsdanceacademy1@gmail.com**](mailto:angelsdanceacademy1@gmail.com)

**Telephone Number: 07769344257**

**SAFE GUARDING & KEEPING OUR CHILDREN SAFE:**

**At Angels Dance Academy we make safe guarding and the safety and health of our athletes is taken seriously. We understand that safe guarding and promoting the welfare of our athletes is everyone’s responsibility. Any safe guarding matters or any concerns about our athletes please direct to our new number: 07942588438 or Email :** [**angelsdanceacademy1@gmail.com**](mailto:angelsdanceacademy1@gmail.com)

**( email is the preferred method of contact) We are unable to hold sensitive information on our personal phones due to GDPR so this is now the new way to contact us about these concerns.**

**Safe guarding Officer: Michelle Sergeant**

**Safe guarding Lead: Stephanie Bedford**

**DATA PROCESSING CONSENT FORM**

In accordance with our Data Protection Policy and in compliance with GDPR and the Data Protection Act of 1988. We will not process any form of data without consent of the parents/guardians and the child members at the academy.

Angels dance Academy will take steps to ensure any data provided to us is used solely for the purposes it was intended.

|  |
| --- |
| Consent Information |
| *To be completed by parent/guardian:*   * I can confirm that I have read and understood why the academy has to process certain types of data. * I can confirm I understand who this data will be shared with and the reasons for sharing this data. * I understand that I also have right to withdraw consent at any time by outlining my request in an email to the Data Controller. |
| Signature of parent/guardian: |
| Print name parent/guardian: |
| Date: |
| **This section only needs completing if the child is of 16 years of age or older.**  *To be completed by Child:*   * I can confirm that I have read and understood why the academy has to process certain types of data. * I can confirm I understand who this data will be shared with and the reasons for sharing this data. * I understand that I also have right to withdraw consent at any time by outlining my request in an email to the Data Controller. |
| Signature of Child: |
| Print name Child: |
| Date: |

**IMPORTANT PLEASE READ, SIGN & RETURN**

**CODE AND CONDITIONS CHEER AND DANCE COMPETITIVE TEAMS**

NAME ……………………………………………………..

* I fully commit to Angels Dance Academy and will not participate in any way with any other dance/cheer squads or dance/cheer schools that will conflict with my training and commitment to my team.
* The squad will be given my full commitment leading up to all competitions.
* Any absences required during training will be notified when handing in my competition fees. I understand that any other absence requests after this date will be refused or classed as a break OF commitment.
* I understand that if I break the commitment to the team, I will be asked to attend a formal meeting and may have to step down from competing at that competition with no refund. If I break the commitment on more than one occasion, I am aware this will affect my place on the team for future competitions also.
* All athletes/dancers to attend every session- birthdays/family parties, last minute holidays, surprise meals booked by a family member are not valid reasons to miss a training session. Absence from training can only be authorised by your coach. IF YOU HAVE 3 UNAUTHARISED ABSENCES YOUR COACH CAN ASK YOU TO LEAVE THE TEAM.
* **Competitions & Showcases –** You will receive your competition dates and showcase dates at the start of your new season. When accepting your place on the team you are also agreeing to attend ALL competition and showcases scheduled!

FAILURE TO ATTEND: It is Directors & Coach’s final decision to decide if you will compete at Nationals if you miss any of the above events.

* **Workshops** – This year there will be extra workshops that will have an extra payment on top of your monthly fee. This will be an extra workshop with experts in the industry so EVERY athlete/dancer will need to attend at least 2 of the workshops scheduled. Where possible these workshops will be on their normal training slot.
* I agree to give 24 hours’ notice (where possible) if I cannot attend due to illness or injuries. Also, if possible, I will attend the lesson to watch providing my illness is not contagious.
* If I receive an injury, I will attend all classes and take part in all stretching and conditioning exercises (taking care to protect the injury).
* I agree to arrive on time for training and understand leaving early is also not acceptable.
* No jewellery or long false nails will be worn during training or at dance/cheer competitions
* I understand that food and drink are not allowed on the dance/cheer floor and all rubbish should be cleared away.
* Due to the nature of the sport, my parents/guardian and myself, acknowledge the possible risks of injury (see medical release form)
* I agree that the coach’s decision is final therefore parents or team members must accept any decision made which is always for the good of the team.
* I agree to engage in the upmost level of sportsmanship when representing Angels Dance Academy at any event. Any behaviour that displays the Academy in a negative way both on social media and at events, will result in immediate dismissal.
* Athletes/dancers will not post anything on social media which will bring disrepute to the Academy’s reputation, particularly when posting videos/photos whilst wearing the Academy’s training kit. This includes the use of foul language, underage drinking, provocative dancing/posing etc.
* **Team feedback** – Being a part of a team/family is so important to ADA. We are a team so we will be giving each other constructive criticism this is not to be taken personally and as a group we need peer and teacher feedback to enable development. This is something we have always done and feel that it’s a great way in which we can develop as a group. If you ever feel that you have an issue with another member of the group the only person you speak to this regarding the issue is your coach.
* Athletes/dancers will not spread gossip/rumours about their coaches, team mates or other programs whilst at the gym or on social media. I understand that if I am found to start or take part in gossip about the school, coaches or any of its members, I will be asked to leave the school immediately.
* I agree to apply my full effort to every training session and understand that I will be asked to step down from competing if I do not apply full effort to every session.
* I agree to my child being photographed or video recorded by an appointed member of the Academy for advertisement, training purposes or DVD distribution amongst the team.
* I agree to always show my coaches, team members and parents the utmost respect.
* I agree that I will not attend any training session whilst in an intoxicated state and will be fully prepared for each training session. Whilst the Academy understands that athletes have a social life outside of practice, in order to ensure the safety of all team members we ask that you do not drink excessive amounts of alcohol the night before training sessions.
* Athletes/Dancers must understand that training is not a social gathering. Whilst we want all athletes to enjoy their training sessions, the priority of all athletes should be work first, socialise second.
* Athletes/dancers will not answer back to any of the coaching staff.
* Athletes/dancers must arrive at all competitions at least 2 hour prior to their warm up time.
* Athletes/dancers are expected to support all ADA teams at competitions. In 1 day competitions you as an athlete are expected to stay until the last ADA team has received their award/recognition.
* Athletes/dancers are expected to attend the award ceremonies at each competition AS LONG AS THIS DOES NOT INFLICT ON YOUR WARM UP/TRAINING OR PERFORMNCE TIME WITH ATHLETES OTHER TEAM.
* Athletes/dancers must make their All-star team a priority over any external recreational activities, including school sports teams, after school clubs, brownies/scouts, school plays etc

**I agree to abide by all of the conditions as set out above.**

Signed ……………………………………………………………………Athlete/Member

I have read and understand all of the above code and conditions and will reinforce the rules to my child to ensure that full commitment is given to the Academy.

Signed ……………………………………………………… Parent (if child under18)

**Emergency Declaration** In the event of a serious incident/accident, I agree for any necessary treatment to be administered in my absence.

Signed …………………………………… Parent/guardian (if squad member under 18)

Date ………/…………/…………

Directors: Michelle Sergeant & Charlie Bedford

Financial administrator & Vice President: Stephanie Bedford

Address: The Cloud Unit 11- Block 13, Cater Road, Bristol Bs13 7tw

Web address: [www.angelsdanceacademy.org](http://www.angelsdanceacademy.org)

Facebook: ADA Bristol

Instagram: @angelsdanceacademy