



Registration Number  
**Office Use Only**

Please  
attach  
two  
passport  
photographs  
here

**STAGE ONE AGENCY REGISTRATION FORM** (Complete in block capitals)

**PLEASE ATTACH 2 PASSPORT SIZED PHOTOGRAPHS AND A COPY OF THE CHILDS BIRTH CERTIFICULT TO THIS FORM.**

**CHILDS DETAILS**

SURNAME: \_\_\_\_\_

FORENAME: \_\_\_\_\_

DATE OF BIRTH: | | | / | | | / | | | | | | | | | |

AGE: \_\_\_\_\_ SEX (Male/Female): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: | | | | | | | | | |

HEIGHT (IN FT AND INCHES): \_\_\_\_\_

EYE COLOUR: \_\_\_\_\_

HAIR COLOUR: \_\_\_\_\_

**SKILLS  
(PLEASE LIST BELOW)**

**PROFESSIONAL OR AMATUER  
PERFORMANCE CREDITS**

MUSIC, DRAMA, DANCE, SINGING, EXAMS & HOBBIES: \_\_\_\_\_

STAGE: \_\_\_\_\_

\_\_\_\_\_

TV: \_\_\_\_\_

\_\_\_\_\_

FILM: \_\_\_\_\_

\_\_\_\_\_

OTHER (VOICE OVERS, MODELLING ETC): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete overleaf and send the completed form to:  
**Stage One Dance UK | 32 Westbury Lane | Buckhurst Hill | Essex | IG9 5PL**

**SCHOOL**

NAME OF SCHOOL:

ADDRESS:

POSTCODE:

TELEPHONE:

LOCAL AUTHORITY:

**DOCTORS**

DETAILS OF ANY MEDICAL CONDITIONS/ALLERGIES ETC:

NAME OF GP:

ADDRESS:

POSTCODE:

TELEPHONE:

**PARENT / GUARDIAN:**

NAME:

TELEPHONE:

MOBILE:

FAX:

EMAIL:

**2<sup>ND</sup> PARENT / GUARDIAN:**

NAME

TELEPHONE:

MOBILE:

FAX:

EMAIL:

**TO BE SIGNED BY PARENT / GUARDIAN:**

**I have read and understood all the terms and conditions and wish to register my child  
(childs name) \_\_\_\_\_ with the Stage One Agency.**

SIGNATURE (PARENT / GUARDIAN):

DATE:

Send the completed form to:

**Stage One Dance UK | 32 Westbury Lane | Buckhurst Hill | Essex | IG9 5PL**