
Academy Membership



Child (under 18yrs) Adult

First Name

Surname

D.O.B

Age

Class(es) registered

Main Telephone No.

Mobile or emergency No.

Email:

Home Address

Postcode

Any injuries, allergies or special requirements that may impact upon your class & fellow members

Doctor/Surgery Details

Tel

How did you hear about the Academy?

Name of existing member who introduced you to Life & Soul?

Current School attended

If you wish to withdraw your membership we require written notification or you may be subject to class fees.

The membership is non-refundable & we reserve the right to cancel/alter membership, classes or events without prior notification

I wish to become a member of the Life & Soul Academy

Signed

Date

www.lifeandsoulacademy.co.uk

Tel: 01442 233 050

