



London Academy of  
Gymnastics and Dance

[www.lagad.co.uk](http://www.lagad.co.uk)

## TRIAL CLASS FORM

### PARTICIPANT DETAILS

Name of participant.....

Date of Birth.....

Which class have you come to try? .....

Date of your trial class.....

### YOUR CONTACT DETAILS

Email address.....

Tel. number(s)...../.....

Does your child have any special needs that we should be aware of?    YES    NO

If yes, please give us further information.....

.....

I attach cash / cheque for £10 written to LAGAD.

I understand that all physical activity carries a risk of injury

Parent / Guardian signature..... Date.....

Thank you.

Call: 07881 848 884

Website: [www.lagad.co.uk](http://www.lagad.co.uk)

Email: [info@lagad.co.uk](mailto:info@lagad.co.uk)