



# THE ROSE ACADEMY

*of Dance and Performing Arts Ltd*

## CLASS VIDEO REQUEST FORM

Parent Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Class(es) requested: \_\_\_\_\_ (i.e. Grade 3 Ballet)

Date of class requested: \_\_\_\_\_ or Date range of classes requested: \_\_\_\_\_ to \_\_\_\_\_

Purpose for request: \_\_\_\_\_ (i.e. practice)

Format of video: Student will bring USB stick to class to transfer video file  
(Select one)

Please send link to YouTube private video via above email

### Conditions

Requests must be lodged within 7 days of the class recorded.

Recorded classes are only available by completing this form to uphold best child safeguarding practices.

Class videos will only be available to students currently enrolled in the class requested.

Recordings of classes are for personal use only and shall not be shared online or on any social media platform.

All content remains the intellectual property of The Rose Academy of Dance & Performing Arts Ltd.

By completing this request you confirm that you agree to the above conditions

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_