



The McInerney School of Irish Dance

Registration Form 2017 - 2018

Student's Name: _____

Birthdate (month/day/year): _____

Age as of 1/1/18: _____

Grade and School: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone #: _____

Please list any medical conditions:

Registering for (current dance level, circle one):

Pre Beg Beg Beg 2 Adv Beg PW Prelim Open

Other Dance Experience: _____

Please indicate preferred class day and time:

Registration Fee: \$40

Classes Begin: **September 7th**

By signing this form, I hereby give consent for the above candidate's full participation in The McInerney School of Irish Dance. Should medical attention be necessary, I give The McInerney School of Irish Dance, and its staff, permission to provide appropriate care as needed. I, the parent/guardian of _____, hereby assume all risks and hazards incidental to such participation, and I do hereby waive, release, absolve and agree to hold harmless, The McInerney School of Irish Dance staff, dancers, organizers, supervisors, teachers and participants for any claim.

** Please circle **YES** or **NO** to give permission to The McInerney School of Irish Dance to have your son and or daughter be videotaped for, and or have photos taken for, publication on our school's website, Facebook page or other public advertisement.

Parent/Guardian Signature: _____

Date: _____