



Family Last Name: _____

Dancer(s) Name(s): _____ Class: _____ Birthdate: _____

Dancer(s) Name(s): _____ Class: _____ Birthdate: _____

Dancer(s) Name(s): _____ Class: _____ Birthdate: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Parent #1 Info:

Name: _____ Occupation: _____

Email: _____ Cell Phone: _____

Parent #2 Info:

Name: _____ Occupation: _____

Email: _____ Cell Phone: _____

Person to notify other than parent in emergency: _____ Phone #: _____

Doctor to notify in an emergency: _____ Phone #: _____

Allergies/accommodations: _____

School Attending: _____ Grade: _____

____ Yes, Please include our contact information in the dance school directory

Photo Release - During the dance year, pictures and/or videos are taken of Dennehy School dancers for in-house use and for educational or marketing purposes in the greater community. These pictures or videos may be used in combination with dance school brochures, website or appear in community publications. I give permission for the above noted to be used by the Dennehy School of Irish Dance for publicity purposes. _____ (initial)

CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent or legal guardian of the above-named registrant(s), I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent(s).

I understand that Irish dancing involves certain inherent risks, notwithstanding the safety precautions, which are taken. I assume such risks on behalf of my child. In consideration of your accepting my child, as a student in your program, for myself, my heirs, my executors, administrators and assigns, I waive and release any and all rights and claims for damages I have against the Dennehy School of Irish Dance, its sponsors, agents, employees, representatives, successors and assigns, (hereinafter collectively termed the "Dennehy School"), for any and all injuries and losses suffered by my child and/or me and agree to indemnify and hold harmless the Dennehy School for any claims by me or my child arising out of participation in any program or otherwise of the Dennehy School or at any other location during and event sponsored by the Dennehy School. Additionally, I hereby grant the Dennehy School permission to render first aid emergency treatment which it considers necessary to my child while in attendance at the Dennehy School, or at any other location during an event sponsored by the Dennehy School and release all rights and claims for damages which said child or I may have against the Dennehy School in connection with the rendering of said first aid emergency treatment and agrees to indemnify and hold harmless the Dennehy School for any claims by or my child arising from said treatment .

Signature of Parent: _____ Date: _____