

Celtic Academy of Irish Dance Summer Sampler Registration Form

- ♣ Registration form & fee (\$50) due by Wednesday, August 4th
- ♣ **Class Dates:** Monday, August, 9th, 16th, 23rd & 30th
- ♣ Minimum of 10 dancers in order for this class to take place
- ♣ No refunds (unless minimum number is not met)

Parent's Name: _____

Address: _____

Home Phone Number: (_____) _____ Cell Phone Number: (_____) _____

E-Mail Address: _____

Name of Dancer: _____ Age: _____ Shirt Size: Circle one: Circle one:
(Youth) (Adult): S, M, L, XL

_____ Age: _____ Shirt Size: (Youth) (Adult): S, M, L, XL

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Number to call in case of an emergency: _____ Relation to Dancer: _____

Permission and Release Agreement

By signing this form, I am allowing my child(ren) to take Irish Dancing Lessons at the studio rented by the **Celtic Academy of Irish Dance**. While all care will be taken to provide for my child's safety while at lessons, neither the rented studio nor the **Celtic Academy of Irish Dance**, its owners, agents, instructors, or representatives are responsible for injuries sustained while participating in the lessons. Furthermore, when a child participates at a feis, show, performance, or charity event, they do so with my permission, and the **Celtic Academy of Irish Dance** will not be held responsible in case of accident or injury, including transportation to and from classes or events, or otherwise.

I/We understand that there is always a risk in every activity such as this. In return for **Celtic Academy of Irish Dance** allowing my child(ren) to participate, the undersigned hereby releases **Celtic Academy of Irish Dance** of any and all claims against the owner, agents, instructors, or representatives by us or by said child for performances and events themselves, but any time that my child(ren) is/are with the **Celtic Academy of Irish Dance** representatives before and after the dance classes or events, including transportation to and from classes or events, or otherwise. This release is intended to cover medical expenses and any other claims and liability that otherwise might be claimed against the **Celtic Academy of Irish Dance** and its owners, agent, instructors, and representatives involved in the event by us and/or by said child. I/We are willing to assume the risk of any such injury or damage in return for our child being permitted to take part in lessons and events, and transportation to and from classes or events. I will also respect the right of ownership of the dances and steps and the uniforms representing the **Celtic Academy of Irish Dance** and will not perform the steps or wear the uniforms without receiving prior written permission from the Director of the **Celtic Academy of Irish Dance**.

(Signature of Parent or Guardian)

Date _____

Return Form & Registration Fee by Wednesday, August 4th to:

Celtic Academy of Irish Dance, 85 Woodman Dr., Dayton, OH 45431