GOULDING SCHOOL OF IRISH DANCE

**2017-2018 REGISTRATION**

**REGISTRATION FEE is $40.00 per family**

**Check payable to Goulding School of Irish Dance**

# CHILD’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last First Middle**

**BIRTH DATE \_\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ AGE AS OF 1/1/17\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(MONTH) (DAY) (YEAR)**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIPCODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOTHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FATHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Mother’s work tel # (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s work tel # (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other necessary (1) ( \_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone #’s**

**Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any existing medical condition? YES \_\_\_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, please briefly describe the condition below and provide a Physician’s note stating that it is safe for your child to participate in Irish Step dancing class.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For new dancers….. Have you ever participated in an Irish Step dancing class before? YES \_\_\_\_\_ NO \_\_\_\_\_**

**If yes, please name the teacher and how long you participated in that class.**

Name of teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of participation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to be on and receive a school directory? Yes\_\_\_\_ or No\_\_\_\_\_\_**

**The directory will include dancer’s name, parent’s name, home address, telephone number, and email address.**

**Please list what info may be included in the directory. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE REGISTER DANCER FOR:**

**Group class YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_ Private Lessons when available YES \_\_\_\_\_ NO \_\_\_\_\_**

**Are you interested in competitive Irish Dancing YES \_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE**

**GOULDING SCHOOLOF IRISH DANCE, INC.**

**LIABILITY AND INJURY WAIVER & RELEASE**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for myself and my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**hereby and forever discharge and release the GOULDING SCHOOL OF IRISH DANCE, Inc., its**

**officers, employees, agents, and servants and all other persons or entities for whose conduct it is**

**responsible, of and from all actions, causes of action, damages, personal injuries, and any and all**

**claims, demands and liabilities whatsoever of or to myself or my child resulting or arising from the**

**use of the premises, facilities or equipment of GOULDING SCHOOL OF IRISH DANCE, Inc.,**

**or caused in any way by GOULDING SCHOOL OF IRISH DANCE, Inc., its agents, employees, or**

**servants. I hereby acknowledge that I and my child will use the premises, facilities, and equipment of**

**the GOULDING SCHOOL OF IRISH DANCE, Inc., at our own risk and agree that I will assume all**

**liabilities for injuries and damages caused to myself and my child or by myself and my child in**

**connection with my use of said premises, facilities and equipment.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Do Not Print)**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**