

Ní Ríain School of Irish Dance

**2018 - 2019
Registration Form**

New Student
 Returning Student
 Transfer Student

Student Name: _____
First
Last

Date of Birth (mm/dd/yyyy): _____ Age as of 9/1/2018:

Address: _____
Street
City
State
Zip Code

Parent/Guardian: _____ Phone/Cell: _____

Email Address: _____ Use this as an email contact

Parent/Guardian: _____ Phone/Cell: _____:

Email Address: _____ Use this as an email contact

Emergency Contact:

Name: _____ Relationship to Dancer: _____ Phone #: _____

Medical/Behavioral Information: Please list any medical, physical &/or behavioral conditions relevant to participation in dance classes and activities, including food allergies.

Entry Level Classes	Leveled Soft Shoe Classes	Leveled Hard Shoe Classes	Performing Company & Teams
<input type="checkbox"/> Pre-School <input type="checkbox"/> New Beginner <input type="checkbox"/> Adult Irish Dance	<input type="checkbox"/> Bun Grad <input type="checkbox"/> Young Bun Grad <input type="checkbox"/> Ullmhuchan SS <input type="checkbox"/> Mean Grad SS <input type="checkbox"/> Ard Grad SS <input type="checkbox"/> Craobh Grad SS	<input type="checkbox"/> Hard Shoe Prep <input type="checkbox"/> Ullmhuchan HS <input type="checkbox"/> Mean Grad HS <input type="checkbox"/> Ard Grad HS <input type="checkbox"/> Craobh Grad HS	<input type="checkbox"/> Red Team SS <input type="checkbox"/> Red Team HS <input type="checkbox"/> White Team SS <input type="checkbox"/> White Team HS <hr/> <input type="checkbox"/> BG & U10 Ceili Teams <input type="checkbox"/> Ullm Ceili Teams <input type="checkbox"/> MG/AG Ceili Teams

I am interested in finding out more about (check all that apply):

- Performing Company
- Parent Committees
- Competitions
- Private Lessons
- Other: _____

I found out about Ni Riain School of Irish Dance through:

- Internet Search
- Personal Recommendation
- School Performance
- Other _____

Please sign and date the back of this form. Thank you!

I grant permission for the above-named student to participate in dance instruction and activities provided through Ni Riain School of Irish Dance. I further agree to indemnify and hold harmless Ni Riain School of Irish Dance and each of their officers, independent contractors, leaders, teachers and volunteers from any and all liability and expenses with respect to claims for all damages or losses that may be asserted by their participation in instruction and activities developed, coordinated and/or conducted by Ni Riain School of Irish Dance both on and off the premises.

I acknowledge that medically trained staff is not available during classes, performances, and activities, and that I am responsible

for monitoring my child's health issues and providing care and attention as needed. I also understand that it is my responsibility to make staff and volunteers well aware of any allergies or restrictions on a continuing basis, while understanding that I am ultimately responsible for my child's health.

I understand that photographs of my child may be used in Ni Riain School of Irish Dance presentations and publications, in newspapers and media, and/or published on the Ni Riain website and social media, unless I expressly request, in writing, that photographs of my child not be used for such purposes.

I verify that all information on this form is true and correct, agree to update the information as needed, and acknowledge that I have access to and understand the 2018-19 Tuition Rates & Policies, and Student Handbook.

Signature of Parent/Guardian: _____ **Date:** _____

Additional Information/Comments: