



CLASS REGISTRATION – ADULTS OVER 18

NAME(S) _____

ADDRESS: _____

HOME PHONE: _____ WORK and/or CELL #: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

MEDICAL CONDITION(S) _____

IN CASE OF EMERGENCY – CONTACT: _____

FOR COMPETITION PURPOSES: DATE OF BIRTH _____ ANNUAL REG. FEE PAID _____

WAIVER OF LIABILITY

I/We know that participation in Irish dancing may result in physical injury and do hereby waive, release, absolve, indemnify and agree to hold harmless The St. Ambrose Irish Dance Association, Inc., Cleary Irish Dance, Margaret Cleary, Katherine Dean, dance instructors, participants and owner/lessors of dance locations for any claims and actions, in law or in equity, arising out of any Irish dance related activities whatsoever.

(s) _____ Signature

Dated: _____

Further, I/We have received, read and understood the rules of Cleary Irish Dance and agree to abide by same.

(s) _____ Signature

Dated: _____