



CLASS REGISTRATION – STUDENTS UNDER 18

NAME(S) _____

ADDRESS: _____

HOME PHONE: _____ EMAIL ADDRESS: _____

DATE(S) OF BIRTH: _____ SCHOOL ATTENDED: _____

MOTHER'S NAME: _____ WORK and/or CELL #: _____

FATHER'S NAME: _____ WORK and/or CELL #: _____

STUDENT (S) EMAIL: _____ CELL # _____

PARENT OCCUPATION(S): _____

CLASS LOCATION (S) _____

MEDICAL CONDITION (S): _____

CONSENT AND RELEASE

I/We know that participation in Irish dancing may result in physical injury to my/our child(ren) 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.

Mother/Legal Guardian (or) Father/Legal Guardian

Dated: _____

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

Mother/Legal Guardian (or) Father/Legal Guardian

Dated: _____