

CUMMINS SCHOOL OF IRISH DANCE 2016 – 2017 REGISTRATION FORM

FAMILY INFORMATION

FAMILY NAME: _____

PARENT'S NAME(S): _____

HOME PHONE #: _____ CELL PHONE #: _____

ADDRESS: _____

EMAIL(S): _____

EMERGENCY CONTACT: _____ CELL PHONE #: _____

STUDENT #1 INFORMATION:

FIRST NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____ GENDER: _____

ALLERGIES: _____ MEDICATIONS: _____

STUDENT EMAIL: _____ CELL PHONE #: _____

LEVEL: _____ LOCATION: _____

STUDENT #2 INFORMATION:

FIRST NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____ GENDER: _____

ALLERGIES: _____ MEDICATIONS: _____

STUDENT EMAIL: _____ CELL PHONE #: _____

LEVEL: _____ LOCATION: _____

ASSUMPTION OF RISK:

I acknowledge that this activity involves exertion and carries with it a potential for injury. It is understood and agreed that the participant is physically fit and prepared for participation in the activities which will be undertaken and that the participant has not been advised by any doctor or other medical person that participation in these activities should be avoided and/or limited.

INITIAL: _____

RELEASE OF LIABILITY:

I hereby agree to waive the right to take legal action against the Jordan-Hunt School of Irish Dance, LLC and/or any affiliates and associates for injuries incurred on these premises. It is understood and agreed that the participant is physically fit and prepared for participation in the activities which will be undertaken and that the participant has not been advised by any doctor or other medical person that participation in these activities should be avoided and/or limited.

INITIAL: _____