Ní Ríain School of Irish Dance

2016-2017
Registration Form

☐ New Student ☐ Returning Student ☐ Transfer Student

Student Name: _____
First Last

Date of Birth (mm/dd/yyyy): _____ Age as of 9/1/2016: ☐

Address: _____
Street City State Zip Code

Parent Name(s): _____ Home Phone: (____)_____

Email Address(es): _____

Parent Cell Number(s): (____)_____

Emergency Contact:
Name: _____ Phone Number(s): (____)_____

Medical/Behavioral Information: Please list any medical and/or behavioral information relevant to dance class participation including food allergies. (Please use back if necessary.)

Classes:

- ☐ Pre-School (age 3-5)
- ☐ New Beginner
- ☐ Bun Grad (age 5-7)
- ☐ Bun Grad (age 8+)
- ☐ Ullmhuchan SS
- ☐ Ullmhuchan HS
- ☐ Mean Grad SS
- ☐ Mean Grad HS
- ☐ Ard Grad SS
- ☐ Ard Grad HS

Performing Company:

- ☐ PC, Jr.
- ☐ Red Team
- ☐ White Team SS
- ☐ White Team HS
- ☐ Silver Team SS
- ☐ Silver Team HS

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 serious 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, as 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, 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 2016-17 Tuition Rates & Policy.

Signature of Parent/Guardian: _____ Date: _____