



One registration form must be filled out for **EACH** dancer. This ensures that our database is current and any outdated information is discarded. Submit form with payment.

MOUNTAIN EIRE IRISH DANCE SCHOOL REGISTRATION

Personal Information:

Today's date: _____

Student Name (last, first): _____

Birth date: _____ Email: _____

Dancer's Age: _____ School: _____ Grade: _____

Mailing Address: _____

City: _____ State: CO Zip Code: _____

Home Phone: _____ Cell phone: _____

If Applicable:

Parent or Guardian Name : _____

Address (if different from above): _____

City: _____ State: CO Zip Code: _____

How did you hear of our program? _____

Emergency Contact Information:

Emergency Contact Name: _____

Address (If different from above): _____

City: _____ State: CO Zip Code: _____

Home Phone: _____ Cell Phone: _____

Dancer Allergies: _____

Comments: _____

Disclaimer:

The undersigned jointly and severally hereby forever releases, discharges, and acquits ***Mountain Eire Irish Dance School*** from any and all contracts, claims, suits, actions, or liabilities both in law and in equity specifically arising from, relating to, or otherwise described as and limited to participation in any class, including damages or injuries arising from or resulting from participation.

This release shall be binding upon and inure to the benefits of the parties, their successors, assigns and personal representatives.

In case of emergency, I give permission for emergency medical treatment:

Signature of Dancer or Parent or Guardian: _____