

## Mise Eire Irish Dancers Saratoga Class Registration 2019-2020

### A. General Information: All family members living in the same household may use one form

Dancer's Last name	Dancer's First Name	Date of birth (mm/dd/yyyy)	
#1			
#2			
#3			
Address			
City		State	Zip
Email		Cell#	Home#
Parent(s)' Names if student under 18 years			

### B. Registration Fee: Due annually at time of registration

Family Registration Fee (\$25)

### C. Class Time:

- 4:00p-4:45p      **NEW Beginners**
- 4:45p-5:30p      **LEVEL 1 - ADVANCED BEGINNERS**
- 5:30p-6:00p      **\*\*HARD SHOE 1&2\*\***  
*to be in hard shoe class, dancer must be taking either the 4:45 or 6pm soft shoe class AND have Dymrna's permission*
- 6:00p-6:45p      **LEVEL 2 - NOVICE SOFT SHOE**
- 6:45p-7:30p      **LEVEL 3 - Intermediate/Advanced**

*Class times may be changed at Teacher's discretion based on enrollment and abilities*

### D. Medical/Emergency Information: (Please list allergies, medical conditions, etc. that might affect treatment in an emergency. This will be kept confidential)

<b>Dancer#1</b>		
<b>Dancer#2</b>		
<b>Dancer#3</b>		
Emergency Contact:	Relationship:	Phone:

**E. Prior Irish Dance experience (if any)**

<b>Dancer#1 #years?</b>	<b>School?</b>
<b>Dancer#2 #years?</b>	<b>School?</b>
<b>Dancer#3 #years?</b>	<b>School?</b>

**F. Agreements**

**1. Student Liability Agreement:**

I understand that Irish dancing is a voluntary recreational activity that, because of its physical nature, could result in injury. I further state that I am/my child/children is/are in good health and are not restricted from physical activities, such as dance. I am the student OR parent/legal guardian of the above named student(s) and I agree not to hold Dympna Lynch Weil, TCRG / Mise Eire Irish Dancers Saratoga, LLC / Waldorf School of Saratoga Springs responsible for any loss, accident, and/or liability that might occur while my child/children are attending Irish dance lessons, performances, or events associated with Mise Eire Irish Dancers Saratoga, LLC. I have read this release and intending to be legally bound have set my signature hereunder.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2. Medical Release:**

I give permission to Mise Eire Irish Dancers Saratoga, LLC to provide to my child / children, \_\_\_\_\_, emergency medical treatment and/or transport by ambulance to the hospital if an emergency situation should occur while my child is at dance class or participating in Irish Dance. In the event the parent(s) cannot be reached, the Emergency contact listed above will be contacted.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**3. Photography/Media Release:**

I hereby (check one)  DO give my full consent  DO NOT give my full consent to Mise Eire Irish Dancers to use photographs and/or video/audio recordings of my child on our dance school website or in print/digital media advertisements.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete this registration form and return with registration fee to:

**Mise Eire Irish Dancers Saratoga**  
**PO Box 4506, Saratoga Springs, NY 12866**  
**518-309-2JIG (2544) \*\*\* Dympna@MiseEireSaratoga.com**  
**www.MiseEireSaratoga.com**

