

# Celtic Academy of Irish Dance Registration Form and Waiver of Liability

<b>Office Use Only:</b> <u>2017-2018</u>
Registration Fee Paid: _____
Date: _____
Initial: _____

Parent's Name / Adult Dancer Name: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

***Communication is sent via email***

Dancer: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Start Year: \_\_\_\_\_  
Level: \_\_\_\_\_ Days of the Week Attending Class: M T W Th Su

Dancer: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Start Year: \_\_\_\_\_  
Level: \_\_\_\_\_ Days of the Week Attending Class: M T W Th Su

Dancer: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Start Year: \_\_\_\_\_  
Level: \_\_\_\_\_ Days of the Week Attending Class: M T W Th Su

Dancer: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Start Year: \_\_\_\_\_  
Level: \_\_\_\_\_ Days of the Week Attending Class: M T W Th Su

Dancer: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Start Year: \_\_\_\_\_  
Level: \_\_\_\_\_ Days of the Week Attending Class: M T W Th Su

## **Emergency Contact Information:**

Mother's Cell Phone ( ) \_\_\_\_\_ Father's Cell Phone ( ) \_\_\_\_\_  
Occupation: Mother \_\_\_\_\_ Father \_\_\_\_\_

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## **WAIVER/RELEASE**

I understand that Irish dancing involves certain inherent risks and dangers that could result in injury, notwithstanding the safety precautions that are taken.

I acknowledge that I am responsible for my and my child's medical care, treatment, and physical fitness assessment, and that I know of no physical or other condition that would limit or prohibit my or my child's participation in Irish dancing.

I grant the Celtic Academy of Irish Dance permission to render first aid emergency treatment that it considers necessary to me or my child while in attendance at the Celtic Academy of Irish Dance, or at any other location during an event sponsored by or affiliated with the Celtic Academy of Irish Dance.

I knowingly and freely assume the risk of injury to me or my child as a result of participation in Irish dancing classes or performances. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, and actions of other people. In consideration of my or my child's participation in such classes/performances, I release, discharge, and waive any and all liability, claims, damages, causes of action, and/or demands against the Celtic Academy of Irish Dance, including its directors, members, employees, agents, and guest instructors, of every kind and nature whatsoever that may arise out of participation in any classes/performances of the Celtic Academy of Irish Dance or any first aid emergency treatment administered at the classes/performances, regardless of location of the classes/performances. This release shall be binding upon me and my children, heirs, next of kin, executors, administrators, guardians, agents, and personal representatives.

This release applies to any and all claims that I or my child might otherwise make for loss, damages, or injuries occurring as a result of my or my child's participation in Irish dancing classes or performances sponsored by or affiliated with the Celtic Academy of Irish Dance, either as a result of the negligence of the Celtic Academy of Irish Dance, or otherwise.

I HAVE READ THIS WAIVER/RELEASE AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE AND WAIVER OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Dancer's Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Parent or Guardian if under 18/Dancer if 18 and older*

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### **CELTIC ACADEMY DIRECTORY CONSENT**

- \_\_\_\_\_ **Yes**, publish my name, address and phone number in the Celtic Academy Directory.  
\_\_\_\_\_ **No**, do not publish my name, address, and phone number in the Celtic Academy Directory.  
\_\_\_\_\_ **Yes**, share my name, address and phone number with member organizations.  
\_\_\_\_\_ **No**, do not share my name, address and phone number with member organizations  
*(Celtic Academy is a member of United Irish of Dayton and The Dayton Feis)*

Dancer's Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Parent or Guardian if under 18/Dancer if 18 and older*

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### **CELTIC ACADEMY PHOTO/VIDEO CONSENT**

During the dance year, pictures and/or videos are taken of the Celtic Academy of Irish Dance dancers for in-house use and for educational or marketing purposes. These pictures or videos may be used in combination with the Celtic Academy of Irish Dance's brochures and website and/or appear in community publications. Dancers and parents of dancers will not be compensated for pictures or videos used by the Celtic Academy of Irish Dance.

By signing below, I give the Celtic Academy of Irish Dance permission to use my or my child's picture and/or appearance in a video for in-house use or for educational or marketing purposes.

Dancer's Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Parent or Guardian if under 18/Dancer if 18 and older*

# Dancer Competition Information

Please fill out this page if your dancers compete.

Dancer: \_\_\_\_\_

<b>DANCE:</b>	<b>Reel</b>	<b>Light Jig</b>	<b>Slip Jig</b>	<b>Treble Jig</b>	<b>Hornpipe</b>	<b>Championship Prelim or Open</b>
<b>Comp level:</b>						

Dancer: \_\_\_\_\_

<b>DANCE:</b>	<b>Reel</b>	<b>Light Jig</b>	<b>Slip Jig</b>	<b>Treble Jig</b>	<b>Hornpipe</b>	<b>Championship Prelim or Open</b>
<b>Comp level:</b>						

Dancer: \_\_\_\_\_

<b>DANCE:</b>	<b>Reel</b>	<b>Light Jig</b>	<b>Slip Jig</b>	<b>Treble Jig</b>	<b>Hornpipe</b>	<b>Championship Prelim or Open</b>
<b>Comp level:</b>						

Dancer: \_\_\_\_\_

<b>DANCE:</b>	<b>Reel</b>	<b>Light Jig</b>	<b>Slip Jig</b>	<b>Treble Jig</b>	<b>Hornpipe</b>	<b>Championship Prelim or Open</b>
<b>Comp level:</b>						

Dancer: \_\_\_\_\_

<b>DANCE:</b>	<b>Reel</b>	<b>Light Jig</b>	<b>Slip Jig</b>	<b>Treble Jig</b>	<b>Hornpipe</b>	<b>Championship Prelim or Open</b>
<b>Comp level:</b>						