

**Painter-Larson Academy of Irish Dance
Enrollment/Registration Form
January-December 2016**

DATE _____
NAME _____ (M/F) BIRTHDATE _____
NAME _____ (M/F) BIRTHDATE _____
NAME _____ (M/F) BIRTHDATE _____
NAME _____ (M/F) BIRTHDATE _____
YEAR OF 1ST CLASS _____ PARENTS NAMES _____
ADDRESS _____ CITY _____ ZIP _____
PHONE: HOME _____ WORK _____ CELL _____
E-MAIL ADDRESS _____
PREVIOUS DANCE TRAINING _____
DANCE GOALS _____
HOW DID YOU FIND OUT ABOUT US? _____
ARE THERE ANY PHYSICAL PROBLEMS THAT SHOULD BE BROUGHT TO THE
ATTENTION OF THE INSTRUCTOR _____ (IF YES, PLEASE EXPLAIN)

IN CASE OF EMERGENCY CONTACT:

NAME _____ PHONE _____
NAME _____ PHONE _____
PHYSICIAN _____ PHONE _____

I understand that dance classes can be physically demanding. Therefore, to the best of my knowledge I am in good physical health and I am capable of participating in dance classes. I do so at my own risk, relieving Painter-Larson Academy of Traditional Irish Dance, its instructors and proprietors of this location of any liability.

IF STUDENT IS A MINOR, PLEASE READ AND SIGN BELOW

I hereby give my permission for my child to participate in any dance classes provided by Painter-Larson Academy of Traditional Irish Dance. By doing so, I understand that dance classes can be physically demanding. Therefore, to the best of my knowledge, my child is in good physical health and capable of participating in dance classes. Also by giving my consent, I do so at my own risk, relieving Painter-Larson Academy of Traditional Irish Dance, its instructors and proprietors of this location of any liability.

SIGNATURE _____ RELATIONSHIP _____

If my child is injured and in need of immediate medical attention I give my permission for a medical doctor to do what is necessary.

SIGNATURE _____ RELATIONSHIP _____

I HAVE READ AND FULLY UNDERSTAND THE CLASS RULES AND TUITION POLICY

SIGNATURE _____ (Parent if student is a minor)

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