



Dancer's Name: _____

Address: _____

Parent(s) Name(s): _____

Phone numbers: Home _____
Work _____
Cell _____

***Email (required):** _____

Emergency Contact: _____

Emergency Phone: _____

Date of Birth: _____ **Age as of 1/1/10:** _____

Have you taken Irish Dance classes at another school? If yes, please explain.

Please list any allergies, medical conditions (asthma, ADHD, etc.), physical conditions, or previous injuries.

I acknowledge that this activity involves exertion and carries with it potential for injury. I hereby agree to waive the right to take legal action against the Carney Academy of Irish Dance, Rachel Cummings, Dance Studio of Wakefield, Cheryl A. Sullivan School of Dance, and/or any other affiliates and associates for injuries incurred on these premises. It is understood and agreed that the participant is physically fit and prepared for participation in the activities which will be undertaken, and that the participant has not been advised by any doctor or other medical person that participation in these activities should be avoided and/or limited.

Parent/Guardian Signature _____ **Date** _____