



The Celtic Dance Academy

2009/ 2010 Registration Form

Last Name: _____

Parent /Guardian: _____ Parent /Guardian: _____

Dancer's Name: _____ Date of Birth: _____

Dancer's Name: _____ Date of Birth: _____

Dancer's Name: _____ Date of Birth: _____

Street Address: _____

Phone: (____) _____ Who answers this phone? _____

Phone: (____) _____ Who answers this phone? _____

Phone: (____) _____ Who answers this phone? _____

Phone: (____) _____ Who answers this phone? _____

E - Mail Address: _____ *Please Include for updates & announcements

Please use the back of this form to inform the CDA of any medical conditions or injuries the instructors should be aware of. If there are none, please initial here _____

PARENT CONSENT:

Although every effort is made to create a safe environment, I realize there is always a risk of accident. If necessary, I authorize The Celtic Dance Academy to administer first aid treatment and/or emergency treatment for me/my child on my behalf. I further release The Celtic Dance Academy from all liabilities from injuries or damages arising out of personal injury of any kind. It is my responsibility to have my child picked up promptly at the end of the scheduled class. I understand there is a \$20.00 charge for returned checks. I understand there are no refunds. I agree to pay on time or understand that my child will not be allowed to attend class until arrangements have been made.

Signature: _____ Date: _____