



# 2015-2016 Registration Form

## Stoneham \* Wakefield

Please complete one form for each student,

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

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age as of Jan 1, 2015** \_\_\_\_\_ 

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(For Office Use )

**Name(s) of Parent/ Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email(s):** \_\_\_\_\_  
(Please Print Legibly)

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
(Name) (City/Town)

**Allergies** \_\_\_\_\_ **Medications and Health Concerns:** \_\_\_\_\_

**Emergency Contact and Phone** \_\_\_\_\_  
(After contacts listed above)

**Physician's Name and Phone** \_\_\_\_\_

**Note: Tuition is due the LAST WEEK of the month for the next month.** A \$10 late fee per child, per week, will be assessed after the 7<sup>th</sup> of the month. Tuition is calculated on an annual basis. *You are guaranteed a minimum of 3 lessons and a maximum of 5 lessons in any one month.*

**Pictures of your child** may be shown on our website or studio bulletin boards, but we do not disclose names. If you **do not** want your child's picture displayed, please check this box:

**Emergency Treatment Release:** I hereby authorize the Carney Academy of Irish Dance to administer emergency medical treatment to my child, including first aid/CPR by certified personnel, and to arrange transportation to the nearest medical facility if necessary. If none of the contacts listed above can be reached, I consent for medical treatment of my child under the supervision of, and as deemed necessary by, a physician licensed in the state of Massachusetts.

I understand that all permissions, releases, and authorizations given in this document are for the dance school year beginning September 7, 2015 and ending September 7, 2016, and I am responsible for notifying the dancing school in writing of any changes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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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, Catch the Funk, Dance Academy of Stoneham, 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** \_\_\_\_\_