



# 2010-2011 ERICKSON ACADEMY OF IRISH DANCE PERSONAL INFORMATION & RELEASE FORM

**Please Check Classes**

- Youth Beginner (Weds)
- Youth Beginner (Sat)

*For Beginners - Referred by:*

\_\_\_\_\_

- Adult Beginner
- Adult Advanced
- Beginner 2 (Weds)
- Beginner 2 (Sat)
- New to Hard Shoe (Tues)
- New to Hard Shoe (Thurs)
- Intermediate (Tues)
- Intermediate (Thurs)
- Novice Open PW Jr (Tues)
- Novice Open PW Jr (Weds)
- Novice to Open PW Sr
- Pre-Prelim/Prelim
- Oireachtas Solo
- Oireachtas Ceili

**Family Last Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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

**Email Address** \_\_\_\_\_

Note: Your email address is very important as we communicate primarily through email.  
Please be certain to update it as needed!

***FAMILY MEMBER #1***

***FAMILY MEMBER #2***

***FAMILY MEMBER #3***

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_

Age \_\_\_\_\_

Age \_\_\_\_\_

Birthdate \_\_\_\_\_

Birthdate \_\_\_\_\_

Birthdate \_\_\_\_\_

School \_\_\_\_\_

School \_\_\_\_\_

School \_\_\_\_\_

This person is allergic to: \_\_\_\_\_

This person is allergic to: \_\_\_\_\_

This person is allergic to: \_\_\_\_\_

This person takes the following medication

This person takes the following medication

This person takes the following medication

Kind \_\_\_\_\_

Kind \_\_\_\_\_

Kind \_\_\_\_\_

Purpose \_\_\_\_\_

Purpose \_\_\_\_\_

Purpose \_\_\_\_\_

This person has the following handicap  
or condition:

This person has the following handicap  
or condition:

This person has the following handicap  
or condition:

**Parent's Names (if student is under 18)** \_\_\_\_\_ / \_\_\_\_\_  
Mom/First      Last
Dad/First      Last

**If unable to reach parent, contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Insurance Company\*** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

\*Your personal health insurance is responsible for hospital costs if you become ill or injured at the studio or at a dance-related event and require the services of a physician.

*Please complete both sides of form*

**MINOR WAIVER/RELEASE (Complete if students are under 18)**

I understand that Irish dancing involves certain inherent risks, notwithstanding the safety precautions which are taken. I assume such risks in behalf of my child. In consideration of your accepting my child \_\_\_\_\_ as a student in your program, for myself, my heirs, my executors, administrators, and assigns, I waive and release any and all rights and claims for damages I have against the Erickson Academy of Irish Dance, its sponsors, agents, employees, representatives, successors and assigns, (hereinafter collectively termed the "Academy"), for any and all injuries and losses suffered by my child and/or me and agree to indemnify and hold harmless the Academy for any claims by me or my child arising out of participation in any program or otherwise of the Academy or at any other location during an event sponsored by the Academy. Additionally, I hereby grant the Academy permission to render first aid emergency treatment which it considers necessary to my child while in attendance at the Academy, or at any other location during an event sponsored by the Academy and release all rights an claims for damages which said child or I may have against the Academy in connection with the rendering of said first aid emergency treatment and agrees to indemnify and hold harmless the Academy for any claims by me or my child arising from said treatment.

Child's Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

**CONSENT FOR TREATMENT FOR ACCIDENT & ILLNESS**

Hospitals require that parents or adult guardians must give written consent before treatment of a minor (person under the age of 18) may begin unless the situation is life threatening.

I understand that the Academy is not responsible in matters of illness or accidents. I certify that my child has had a medical examination to assure physical fitness and capability to perform the dance involved in the program offered by Academy. In the event of an emergency, I hereby give permission to the licensed physician selected by Academy to hospitalize, secure proper treatment, anesthesia, or surgery for my child. (In Cincinnati, Academy will contact Children's Hospital Medical Center.)

Child's Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

**ERICKSON ACADEMY DIRECTORY CONSENT (Complete this section only for 2010-2011 classes)**

\_\_\_\_\_ Yes, you may publish my name, address and phone number in the Erickson Academy Handbook.

\_\_\_\_\_ No, I do not want my name, address, and phone number published in the Erickson Academy Handbook.

Child's Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

**ERICKSON ACADEMY PHOTO/VIDEO CONSENT**

During the dance year, pictures and/or videos are taken of Erickson Academy dancers for in-house use and for educational or marketing purposes in the Greater Cincinnati community. These pictures or videos may be used in combination with Erickson Academy brochures, Erickson Academy's website or appear community publications.

I give permission for the following to be used by the Erickson Academy of Irish Dance for publicity purposes:

\_\_\_\_\_ my child's picture and/or appearance in a video

\_\_\_\_\_ my child's name

\_\_\_\_\_ I do not give permission for the Erickson Academy of Irish Dance to use my child's picture and/or appearance in a video for publicity purposes.

Child's Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

**Please return completed form with fees to:**  
Erickson Academy of Irish Dance  
673 Wilmer Avenue – Suite D  
Cincinnati, Ohio 45226  
[EricksonDance@aol.com](mailto:EricksonDance@aol.com) or 513-232-1366