



# ERICKSON ACADEMY OF IRISH DANCE 2018-2019 REGISTRATION FORM

### Please Check Class

- Wee Ones – Tuesday PM
- Adult Intro – Wednesday PM
- Adult Adv – Wednesday PM
- Beginner – Wednesday 5pm
- Beginner – Wednesday 6pm
- Beginner – Thursday 5pm
- Beginner - Saturday AM
- Beginner 2/Novice –Tues PM
- Beginner 2/Novice –Weds PM
- Beginner 2/Novice – 2 day
- Nov/OPW/Pre-Prelim- 2 day
- Prelim/Champ - 3 day
- Oireachtas Soloist - 4 day
- Oireachtas Ceili - Sun

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!*

<i>FAMILY MEMBER #1</i>	<i>FAMILY MEMBER #2</i>	<i>FAMILY MEMBER #3</i>
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 Kind _____ Purpose _____	This person takes the following medication Kind _____ Purpose _____	This person takes the following medication Kind _____ 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: _____
T-Shirt Size: Youth XS – SM – MD – LG Adult SM – MD – LG – XL	T-Shirt Size: Youth XS – SM – MD – LG Adult SM – MD – LG – XL	T-Shirt Size: Youth XS – SM – MD – LG Adult SM – MD – LG – XL

Parent's Names (if student is under 18) \_\_\_\_\_ / \_\_\_\_\_  
Parent 1/First Last Parent 2/First Last

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

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

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

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

*Please complete both sides of form*

**WAIVER/RELEASE**

I understand that Irish dancing involves certain inherent risks, notwithstanding the safety precautions which are taken. I assume such risks in behalf of myself/child. In consideration of your accepting me/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 me/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 me/my child while in attendance at the Academy, or at any other location during an event sponsored by the Academy and release all rights and 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.

Dancer's Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian if under 18 OR Dancer if 18 and older

**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/I have had a medical examination to assure physical fitness and capability to perform the dance involved in the program offered by the 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/me. (In Cincinnati, the Academy will contact Children's Hospital Medical Center for children.)

Dancer's Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian if under 18 OR Dancer if 18 and older

**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 and/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 or my picture (for dancers 18 & older) and/or appearance in a video
- \_\_\_\_\_ my child's name or my name (for dancers 18 & older)

\_\_\_\_\_ I do not give permission for the Erickson Academy of Irish Dance to use my child's or my picture (for dancers 18 & older) and/or appearance in a video for publicity purposes.

Dancer's Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian if under 18 OR Dancer if 18 and older

*Registration and Tuition Fees can be paid by cash, checks payable to Erickson Academy or credit cards.*

Name on Card: \_\_\_\_\_ Initial Amount: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Tuition Auto-Payment**  Yes, I authorize charging this card for my/my dancer's initial 2018-19 Registration & Session Tuition plus Session Tuition due on November 15th and February 15th.

**Please send to: Erickson Academy of Irish Dance - 673 Wilmer Avenue – Suite D, Cincinnati, Ohio 45226**