



ERICKSON ACADEMY OF IRISH DANCE - 2018 INTRODUCTION TO IRISH DANCE SUMMER CAMP

Please Circle Session

Session 1
@ MAIN Studio
July 17-18-19

Session 2
@ MAIN Studio
July 24-25-26

Family Last Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Email Address _____

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 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.

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 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

Summer Camp fees can be paid by cash, checks payable to Erickson Academy or credit cards.

Name on Card: _____ **Amount:** _____

Billing Address: _____
With Zip Code

Credit Card Number: _____ **Exp Date:** _____ **Security Code:** _____

Signature: _____

Please return completed form with fees to:

Erickson Academy of Irish Dance
673 Wilmer Avenue – Suite D, Cincinnati, Ohio 45226