



Waiver and Registration Form

Child's Name: _____

Parent's Name: _____

Street: _____

Town: _____ State: _____ Zip: _____

*E-Mail Address: _____
(must include e-mail address)

Home Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

How did you hear about us? _____

Child's Date of Birth: _____

Child's Allergies: _____

Asthmatic? Yes ___ No ___

Other Medical Conditions: _____

I/WE KNOW THAT PARTICIPTION IN IRISH DANCING MAY RESULT IN PHYSICAL INJURIES TO MY/OUR CHILD, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS SCOIL RINCE RIORDAN, ELLEN RIORDAN ROSS, DANCE INSTRUCTORS, PARTICIPANTS, AND OWNERS/LESSORS OF DANCE LOCATIONS FOR ANY CLAIM ARISING OUT OF ANY INJURY TO MY/OUR CHILD WHETHER THE RESULT OF NEGLIGENCE OR FOR ANY OTHER CAUSE, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE.

Parent/Guardian Signature: _____ Date: _____

REGISTRATION FEE \$25