

# Kildare Academy Registration Form 2009/2010

Bay Shore/ Brightwaters ♣ Middle Island ♣ Center Moriches ♣ Southampton

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#631-764-3810

E-Mail [KildareAcademy@yahoo.com](mailto:KildareAcademy@yahoo.com)

www.KildareAcademy.com



**Register Now to Secure your Spot:** To register for Fall 2009 classes Please complete this Registration form and mail it to the following address **with REGISTRATION FEE:**

**Kildare Academy  
2 Apple Court  
Mount Sinai, NY 11766**

**Registration FEE: 1 Child \$25.00 2 Children \$40.00 3 Children \$50.00**

**\*All checks made payable to Kildare Academy\***

Today's Date \_\_\_\_\_ Registration fee check# & Amount \_\_\_\_\_

Dancers Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent's Names \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

\*E-Mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ # \_\_\_\_\_

Dancers Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student use an inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about us? (Please check one)

Pennysaver Ad    Google    Yahoo    Craigslist    Word of Mouth

## **LIABILITY WAIVER AND RELEASE**

### **Kildare Academy Nicole Marie Dimone - DBA**

The Member understands and agrees that strict observation of the rules and regulations relative to dancing is required and that the use of facilities and the Member's presence at the school are at the sole risk of the member. The Member agrees that the school and its instructor's, agents, employees, operators and authorized representatives, shall not be responsible for and are hereby released from any liability, claim, loss, including loss of property, damage, personal injury, or expense incurred by a Member or anyone claiming through a Member, or related to any activity connected with the school including, but not limited to, any caused by the negligence or gross negligence of the School or its instructors, Members, Agents, employees, operators, or authorized representatives.

STUDENTS NAME \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

## **INTERNET PUBLISHING CONSENT AND WAIVER FORM**

This is a parental/guardian consent form to both inform you and to request permission for your child's photo/image to be published on the Kildare Academy of Irish Dance school's web site.

<http://www.kildareacademy.com>

**If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Kildare Academy of Irish Dance school and such rescission will take effect immediately upon receipt by the school.**

I grant permission for a photo/image of this student to be published on the Kildare Academy of Irish Dance school's internet web site, school ads and promotions. I release the Kildare Academy of Irish Dance from any liability resulting from or connected with the publication of this information.

Student's Name: (please print) \_\_\_\_\_

Signature of Parent/Guardian: (sign) \_\_\_\_\_

Relation to Student: \_\_\_\_\_