



REGISTRATION FORM

Lafayette Indiana 2008 -2009

MCGOVERN CEILI DANCERS

Phone: (937)321-6687

818 Linden Ave
Dayton OH 45410

shelaghmc@juno.com

Reserve your space in class now by mailing this completed form with payment to the address above.

Parent/Guardian Name:	
Address: <i>(Please include city, state & zip code)</i>	
Phone Number (s)	
Cell Number(s)	
Email addresses(s)	

Student's Name	Birthdate (mm/dd/yyyy)
Student's Name	Birthdate (mm/dd/yyyy)
Student's Name	Birthdate (mm/dd/yyyy)

CLASS FEES: Due quarterly on or before the first day of your class

- \$8 Quarterly Registration fee
- \$50 per dancer
- \$60 for families with 2 dancers; one household
- \$65 for families with 3 or more dancers; one household

\$15 Late fee for tuition received after the October 11



WHAT TO WEAR TO CLASS:

Please wear light gym shoes, ballet slippers or standard Irish dance ghillies. Shorts and tshirts or other clothing that will let you move freely AND allows the instructor to see your feet.

ABSOLUTELY NO DENIM OF ANY KIND!

Bring a water bottle, Irish dance is thirsty work!

MEDICAL RELEASE FORM

As the parent/legal guardian of:

Name of Player:	
------------------------	--

I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of players birth:		Date of last Tetanus Booster:	
Know allergies of this player, including any allergies to medicine:			
Any other medical problems which should be noted:			

Family Physician:		Phone:	()	
--------------------------	--	---------------	-----	--

Parent/Guardian:				
Street Address:				
City:		State:		Zip:
Phone # H:	()	Work #:	()	

Person responsible for charges: <small>(if different from above)</small>				
Street Address:				
City:		State:		Zip:
Phone # H:	()	Work #:	()	

Person to notify if parent/guardian is unavailable:				
Street Address:				
City:		State:		Zip:
Phone # H:	()	Work #:	()	

Insurance Carrier:		Policy Number:	
Name of Insured:		Phone:	()

Name of Parent / Guardian: _____

Signature of Parent /Guardian: _____

Date: _____ **Witness:** _____

Medical Consent/Release Form

As the parent/legal guardian of _____

I hereby accept any financial responsibility for and all medical treatment necessary to be administered to the above named CHILD/DANCER/ or ADULT in the event of an accident, injury, sickness, etc.

Any representative of the following organization is designated to act in my behalf until I have been contacted. **McGovern Ceili Dancers**

General Release

I understand the above named CHILD/DANCER or ADULT assumes any and all risks that might be associated with the activities that he or she may be involved in and release all rights and claims for damages which the above named CHILD/DANCER or ADULT, heirs, executors, administrators assign, or as I may have against the McGovern Ceili Dancers, its directors, coaches, officials, teachers or Representatives or Air City Skyline Cab Co. for any and all injuries or damages of any kind as a result of their participation.

**DATE OF BIRTH OF ABOVE NAMED
INDIVIDUAL** _____

Parents
Signautre _____ **Date** _____

Printed Name _____

Tuition Policy

Tuition is to be received quarterly on or before the first day of your classes. Tuition received after the second week of classes will be assessed a \$15 late fee with a \$5 late fee for each week that payment is late, until it is received.

Tuition guarantees 3 lessons per month;

Tuition:

Quarterly Registration \$8

One Dancer \$50/month

Two Dancers \$60/month

Three or more \$65/month

Checks should be made out to MCD Boosters and mailed to 818 Linden Ave Dayton OH 45410 or given to Shelagh at class.

Lesson fees and registration fees are NON REFUNDABLE.

Cancellation Policy

Performances are considered a form of practice therefore if you choose **not** to sign up for a performance that happens to land at the same time of your regularly scheduled class you will not be eligible for a free make up class.

Regular participation in class and regular practice outside of class is IMPERATIVE, classes that you miss due to your schedule conflicts i.e., soccer, choir, plays, volleyball, birthday parties etc. are not eligible for a free make up class

Classes that are cancelled due to instructor conflict or inclement weather will be eligible for free make up classes at a date and time at the instructors discretion. If you are unable to participate on the make up date determined, please email Shelagh and together we will come up with a suitable alternative on an individual basis.

Due to the fact that we are renting the space for our classes it will be difficult to schedule make up time or classes but every effort will be made to do so if needed.

Because of that reason, I can not stress enough the importance of regular attendance and practice outside of the class times.