



REGISTRATION FORM

West Lafayette Indiana

MCGOVERN CEILI DANCERS

Phone: (937)321-6687

818 Linden Ave
Dayton OH 45410

Mcgoverndance@live.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:	
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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:	()	
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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:** _____