

REGISTRATION FORM - SUMMER CLASSES

Student Last Name _____ First Name _____

Mailing Address _____

_____ Postal Code _____

Daytime Phone _____ Evening Phone _____

E-mail: _____

Date of Birth: D/M/Y _____ Age at time of class start _____

Parent/Guardian Name: _____

Emergency Contact: _____ Phone _____

Relationship _____

Competitive Irish Classes (Tues.)

T__ 6:00 - 7:00 Beg./Adv. Beg.
T__ 6:00 - 7:00 Nov/Open
T__ 7:00 - 8:00 Trad/Cont. Set
T__ 7:00 - 8:00 Prelim/Chp Solo
T__ 8:00 - 9:00 Prelim/Chp Set

Recreational Classes (Wed.)

W__ 5:00 - 6:00 Int. Acro
W__ 5:30 - 6:00 Under 5 Irish
W__ 6:00 - 6:45 Beg. 1 Irish
W__ 6:00 - 7:00 Int. Ballet/Jazz
W__ 6:45 - 7:45 Beg. 2 Irish
W__ 7:00 - 8:00 Int. Musical Theatre
W__ 7:45 - 8:45 Beg. 3/Nov 1 Irish
W__ 8:00 - 9:00 Intermediate Hip Hop
W__ 8:45 - 9:45 Adult Irish

Recreational Classes (Thur)

TH__ 5:15 - 6:00 Jr. Musical Theat.
TH__ 6:00 - 6:45 Jr. Ballet/Jazz
TH__ 6:45 - 7:30 Jr. Hip Hop
TH__ 7:30 - 8:15 Jr. Acro
TH__ 8:15 - 9:15 Adult Ballet/Jazz

Injury Release

I hereby release Irish Dance Studio, Yvonne Kelly and Joanne Vanderloo from all claims for damages arising from accident or injury which is caused by or arises from participation of the applicant named heron during any class or program or in any facility or at any location where the program is being held.

Signature of Parent or Guardian _____ Date _____

Amount paid _____ cash _____ cheque _____