

Lavin Cassidy Summer Camp Registration

Family Last Name _____
Address _____
City _____ State _____ Zip _____ Home Cell _____
Phone _____
Phone(s) _____ / _____
(mother) (father)
E-mail address(es) _____ / _____

(mother) (father)
Parent's Place of Employment _____
Business Phone _____
Mother
Parent's Place of Employment _____
Business Phone _____
Father

Summer Camp

Please check class:

_____ **Wee Ones (ages 4-6yrs)**

_____ **Jigging Juniors (ages 7 and older)**

Dancer #1

Name _____
Age _____ Birthdate _____
School _____

This person is allergic to:

This person takes the following medication

Type _____

Purpose _____

This person has the following handicap or condition:

Dancer #2

Name _____
Age _____ Birthdate _____
School _____

This person is allergic to:

This person takes the following medication

Type _____

Purpose _____

This person has the following handicap or condition:

Parent's Names (if student is under 18) _____ / _____

Mom/First Last Dad/First Last

If unable to reach parent, contact _____

Phone _____

Family Physician _____

Phone _____

Insurance Company* Policy _____

Number _____

*Your personal health insurance is responsible for hospital costs if you become ill or injured at the studio or at a dance-related event and require the services of a physician.

Please complete both sides of form.

MINOR WAIVER/RELEASE (Complete if students are under 18)

I understand that Irish dancing involves certain inherent risks, notwithstanding the safety precautions, which are taken. I assume such risks on behalf of my child. In consideration of your accepting my child, _____ as a student in your program, for myself, my heirs, my executors, administrators and assigns, I waive and release any and all rights and claims for damages I have against the Lavin-Cassidy of Irish Dance, its sponsors, agents, employees, representatives, successors and assigns, (hereinafter collectively termed the "Lavin-Cassidy School"), for any and all injuries and losses suffered by my child and/or me and agree to indemnify and hold harmless the Lavin Cassidy School for any claims by me or my child arising out of participation in any program or otherwise of the Lavin-Cassidy School or at any other location during and event sponsored by the Lavin-Cassidy School. Additionally, I hereby grant the Lavin-Cassidy School permission to render first aid emergency treatment which it considers necessary to my child while in attendance at the Lavin-Cassidy School, or at any other location during an event sponsored by the Lavin-Cassidy School and release all rights and claims for damages which said child or I may have against the Lavin-Cassidy School in connection with the rendering of said first aid emergency treatment and agrees to indemnify and hold harmless the Lavin-Cassidy School for any claims by me or my child arising from said treatment. Child's Name _____ Signed _____ Date _____

(Parent or Guardian)

CONSENT FOR TREATMENT FOR ACCIDENT & ILLNESS

Hospitals require that parents or adult guardians must give written consent before treatment of a minor (person under the age of 18) may begin unless the situation is life threatening.

I understand that the Lavin-Cassidy School is not responsible in matters of illness or accidents. I certify that my child has had a medical examination to assure the physical fitness and capability to perform the dance involved in the program offered by the Lavin-Cassidy School. In the event of an emergency, I hereby give permission to the licensed physician selected by the Lavin-Cassidy School to hospitalize, secure proper treatment, anesthesia, or surgery for my child.

Child's Name _____ Signed _____ Date _____

(Parent or Guardian)

LAVIN-CASSIDY SCHOOL PHOTO/VIDEO CONSENT

During the dance year, pictures and/or videos are taken of Lavin-Cassidy School dancers for in-house use and for educational or marketing purposes in the greater community. These pictures or videos may be used in combination with Lavin-Cassidy School brochures, website or appear in community publications.

I give permission for the following to be used by the Lavin-Cassidy School of Irish Dance for publicity purposes:

_____ my child's picture and/or appearance in a video

_____ my child's name (first name only)

_____ I do not give permission for the Lavin-Cassidy School of Irish Dance to use my child's picture and/or appearance in a video for publicity purposes.

Child's Name _____ Signed _____ Date _____

(Parent or Guardian)

**Please return completed form with fees to: Lavin-Cassidy School of Irish Dance
6401 W. 107th Street, Worth IL60482**

www.lavincassidy@aol.com, information www.info@lavincassidy.com

708-361-3741