

# 2016 – 2017 Registration

## *Student Information*

First Name

Last Name

Birthdate

Age

Gender (Male/Female)

## *Parent/Guardian(s) Information*

First and Last Name(s)

Relationship

Best Contact Phone Number (please specify if this is a home, cell, or work phone)

Email Address

## *Emergency Contact (if Parent/Guardian cannot be reached)*

First and Last Name

Relationship

Phone (please specify if this is a home, cell, or work phone)

Does your child have any medical, learning or other special considerations/circumstances that Tara Academy should be aware of? (please explain)

## *Agreement*

I agree that I will not hold Tara Academy of Irish Dancing, or any faculty member, employee, or rented facility liable for injuries sustained or illnesses contracted by my daughter/son while a student at Tara Academy of Irish Dancing.

\_\_\_\_\_  
Signature of Parent or Guardian