

**Doherty-Petri School of Irish Dance / Lancaster Branch
(Business name: Paloma School of Irish Dance)**

Dancer Name: _____

Name of class(es) dancer will be attending:	Class Day & Time

***I have reviewed the parent handbook available on the Paloma Website under the Members page.**

***For Monday-Wednesday classes, I understand that payments are due on a trimester basis by the 7th of the first month of each trimester, otherwise a \$15 late fee will be applied. (ex: Payments for Sept-Nov will be due by September 7th.)**

***For Monday-Wednesday classes, I understand my payments options: Check (made payable to “Paloma School of Irish Dance”), cash in an envelope with dancer’s name printed on the envelope, online payment via the monthly invoice, or pre-authorized monthly credit card payment.**

***For Thursday classes, I understand that there is a different system for payment and have read the website for details (look at ‘Fall 2022 Schedule and Tuition’ page).**

***I understand that all pertinent information and updates will be communicated to parents via the weekly newsletter and that it is my responsibility to read the newsletter in order to be aware of all cancellations, show sign-ups, etc.**

***I understand that I need to turn in the completed registration form with the annual Family Registration Fee. Registration Forms and Fees are due annually every Fall or at any time during the year when Registration occurs for the first time and doesn’t coincide with the annual Fall Registration Time.**

Annual Registration Fee

\$20 per dancer

Parent / Guardian Signature

Date

**Doherty-Petri School of Irish Dance / Lancaster Branch
(Business name: Paloma School of Irish Dance)
Registration Form / Emergency Contact & Consent Form**

DANCER'S NAME		BIRTHDATE
STREET ADDRESS		
CITY	STATE	ZIP CODE
DANCER'S CELL PHONE (IF OLDER)		DANCER'S EMAIL (IF YOU WANT THEM ON THE NEWSLETTER LIST)
LEGAL GUARDIAN #1		
STREET ADDRESS		CELL PHONE NUMBER
CITY	STATE	ZIP CODE
E-MAIL ADDRESS		
LEGAL GUARDIAN #2		
STREET ADDRESS		CELL PHONE NUMBER
CITY	STATE	ZIP CODE
E-MAIL ADDRESS		
EMERGENCY CONTACT PERSON(S) if legal guardian #1 & #2 cannot be contacted		TELEPHONE NUMBER
WHO HAS PRIMARY CUSTODY OF THE CHILD? PLEASE EXPLAIN ANY PERTINENT INFORMATION.		
IN CASE OF AN EMERGENCY, PLEASE STATE HOSPITAL PREFERENCE		
NAME OF DANCER'S PHYSICIAN/ MEDICAL CARE PROVIDER		TELEPHONE NUMBER
SPECIAL DISABILITIES? YES NO	IF "YES", PLEASE EXPLAIN:	
ALLERGIES (including Medications)? YES NO	IF "YES", PLEASE EXPLAIN:	
MEDICATIONS/CONDITIONS? YES NO	IF "YES", PLEASE EXPLAIN:	
SPECIAL NEEDS? YES NO	IF "YES", PLEASE EXPLAIN:	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION: YES NO IF "YES", PLEASE EXPLAIN:		
PLEASE LIST ALL PREVIOUS ATHLETIC INJURIES: (I.E. TENDONITIS, BROKEN BONES, ETC...)		
A SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE CONSENT (A PARENT/ GUARDIAN MUST SIGN IF DANCER IS UNDER AGE 18)		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST AID PROCEDURES	
USE OF PHOTOS FOR PALOMA SCHOOL MEDIA	TRANSPORTATION BY THE FACILITY	

SIGNATURE (PARENT / GUARDIAN MUST SIGN)

DATE