

**Paloma School of Irish Dance**

**Dancer Name:** \_\_\_\_\_

<b>Name of class(es) dancer will be attending:</b>	<b>Class Day &amp; Time</b>

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

**\*I understand that payments are due on a monthly basis by the 7<sup>th</sup> of each month otherwise a \$15 late fee will be applied. (ex: Payments for September will be due by September 7<sup>th</sup>.)**

**\*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.**

**\*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.**

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

**-Don’t forget to turn in the completed registration form with the \$15 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.**

**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)
MOTHER'S NAME/LEGAL GUARDIAN		
STREET ADDRESS		CELL PHONE NUMBER
CITY	STATE	ZIP CODE
E-MAIL ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		
STREET ADDRESS		CELL PHONE NUMBER
CITY	STATE	ZIP CODE
E-MAIL ADDRESS		
EMERGENCY CONTACT PERSON(S) if parents 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...)		
<b>A SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE CONSENT (A PARENT/ GUARDIAN MUST SIGN IF DANCER IS UNDER AGE 18)</b>		
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