

**Paloma School of Irish Dance
Registration Form / Emergency Contact & Consent Form**

DANCER'S NAME		BIRTHDATE
STREET ADDRESS		GENDER MALE FEMALE
CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER		DANCER'S CEL NUMBER & EMAIL (IF APPLICABLE)
CLASS LEVEL (I.E. BEGINNER, ETC.)		NIGHT & TIME ATTENDING
PARENT #1 NAME/LEGAL GUARDIAN		
PARENT #1 NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
STREET ADDRESS		CELL PHONE NUMBER
CITY	STATE	ZIP CODE
E-MAIL ADDRESS		
PARENT #2 NAME/LEGAL GUARDIAN		
PARENT #2 NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
STREET ADDRESS		CELL PHONE NUMBER
CITY	STATE	ZIP CODE
E-MAIL ADDRESS		
EMERGENCY CONTACT PERSON(S) if parents cannot be contacted		
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...)		
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 (I.E ON POOL DAYS)	

SIGNATURE (PARENT / GUARDIAN MUST SIGN)

DATE