



## Registration Form

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Birth Date \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_

Classes you will be taking:

Name of classes \_\_\_\_\_

Day of classes \_\_\_\_\_

We want everyone to enjoy their dance experience and have fun learning. Irish Dance is an extreme sport and we are in no way liable for any injuries resulting from the dance or from any participation in performances, rehearsals, lessons of any kind, or any class that might be offered that you would take. You take sole responsibility for your own and/or your child's medical health. By signing this form you understand and take full responsibility for the policies set forth within.

You agree to pay your tuition on time as stated by the 7th of each month. There is a \$25 late fee for tuition paid after the 7th of the month. If you wish to terminate your classes then you are required to give us a 30 day written notice and agree to pay tuition for the month of the notice. Year round students get 50% off registration fee in September. All others pay full registration fee. You agree that our class curriculum will incorporate a compilation of traditional teaching, fun dancing, competitive teaching, and performance/show practices in each class and level.

By signing this form you are agree to the above information.

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

\_\_\_\_\_  
Date

RoseandSwordAcademy.com

757-253-2437