



MURRAY

IRISHDANCE

2017 Dance Camp Registration

August 7-11, 2017

Please print clearly, use separate form for each child and make sure to fill out both sides of form.

Student's Information

Last Name			Date Of Birth
First Name		Day	
Middle		Month	
Street Address		Year	
City		Student's Academic School:	
State			
Zip		Grade:	
Email			
Previous Dance Experience, If Any:			
How did you hear about us?			
Before/After Care (Please note, no after care on Friday of the Camp)			
Before Camp Care Times Needed:			
After Camp Care Times Needed:			

Parent/ Guardian #1's Information

Last Name		Home Phone
First Name		
Street		Cell Phone
City		
State		Work Phone
Zip		
Email		

Parent/ Guardian #2's Information

Last Name		Home Phone
First Name		
Street		Cell Phone
City		
State		Work Phone
Zip		
Email		

Person Other Than Parent Who Might Be Transporting/ Picking Up Student

Name	
Relationship	
Cell Phone #	

Medical Insurance Information

Insurance Company	Phone
Company Address	Group #
Employer	ID #
Name on Policy	
In Case of Emergency Contact	
Please list Allergies or medical conditions	
Medications Student is currently taking	

Liability Release

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of my child and myself (and if I am no longer a minor, on my own behalf), I assume the risk and agree that The Murray School of Irish Dancing (MSID,) it's instructors or director, Geraldine Murray TCRG and the Landlord of the SW Studio location (Gary Hoselton) shall not be liable in any way for injuries sustained during attendance at the dance school or any of it's related functions. I understand that good dance training involves touching and adjustment of the student's body by the instructor.

Medical Release

In the event I cannot be reached, I hereby give my permission to the management, faculty, staff and chaperones of The Murray School of Irish Dancing to authorize any emergency medical care that may required by the above student during participation in classes, performances, or any related Murray School events. This authorization extends until the student is no longer enrolled at The Murray School of Irish Dancing. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

Publicity Release

I hereby authorize The Murray School of Irish Dancing and it's Director, Geraldine Murray TCRG, to record my child's (or my) image or voice through photographs, films, or tapes; to edit these recordings at it's discretion; to incorporate these recordings into movie, sound films on tapes, radio, television broadcast programs or on the internet. I also give my permission for MSID and it's Director, Geraldine Murray TCRG, to use and license others to use these materials for publicity, advertising and sales promotion and to use my child's (or my) name, likeness and voice and biographic or other information in connection with them. I acknowledge that no promises of compensation were made by MSID and it's Director, Geraldine Murray TCRG, for such use.

Tuition Payment Agreement

I agree to pay The Murray School of Irish Dancing for the dance instruction for the above student per the published tuition rates for the dance camp. I understand that I can make payments by check, payable to The Murray School, or by cash, and that there will be a \$25 charge for all returned checks. I understand that payment of tuition entitles students to take summer dance camp for the week paid and that no refunds are given for classes missed because of illness, vacation or school closings due to acts of God such as inclement weather

**I have read, understand and agree to the Liability Release, Publicity Release,
Medical Release and Tuition Payment Agreement.**

Signature of Parent/ Guardian:

Date:

Print Name of person responsible for tuition payments: