

McDonough-Grimes Irish Dance, LLC

"Intro To Irish Dance" Workshop Registration Form

Student's Name (First & Last): _____ Date of Birth (if under 18): _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Home Telephone #: _____

Mother's Name: _____ Mother Cell #: _____

Father's Name: _____ Father Cell #: _____

Name of Responsible Party: _____

If address and phone numbers are different from above please include: Telephone #: _____

Street: _____ City: _____ State: _____ Zip: _____

Please advise us of any medical conditions that may affect the student's participation:

Agreement for Participation

I understand that dance classes may include, without limitation, dancing, warm-up, stretching, and other related activities. I further understand that all of the activities of the workshop involve some degree of risk of strain or bodily injury. **McDonough-Grimes Irish Dance, LLC** is not responsible for personal property.

I agree to be responsible for reading studio correspondence and respecting deadlines, if applicable.

I hereby acknowledge that I have read the statements above and agree to participate accordingly.

Date: _____ Signature: _____

Age of dancer	July or August Session	Workshop Balance
		\$ _____

Holding fee: (\$10) _____

PRICE: \$30 – 3 Sessions (1 hour) - Wednesdays

*** Remaining balance due on 1st day of workshop**

Balance Due: \$ _____

BY MAIL, SEND TO:

**MCDONOUGH-GRIMES IRISH DANCE
97 NEW ROCHESTER
DOVER, NH 03820**