

**McClanahan School of Irish Dance**  
**2009-2010 Personal Info & Release Form**

Dancer's Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_ / \_\_\_\_\_  
(mother) (father)

E-mail address(es) \_\_\_\_\_ / \_\_\_\_\_  
(mother) (father)

Parent's Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
Mother

Parent's Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
Father

**Dancer #1**

Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_

This person is allergic to:

\_\_\_\_\_

This person takes the following medication

Type \_\_\_\_\_

Purpose \_\_\_\_\_

This person has the following  
handicap or condition:

\_\_\_\_\_

**Dancer #2**

Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_

This person is allergic to:

\_\_\_\_\_

This person takes the following medication

Type \_\_\_\_\_

Purpose \_\_\_\_\_

This person has the following  
handicap or condition:

\_\_\_\_\_

**Dancer #3**

Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_

This person is allergic to:

\_\_\_\_\_

This person takes the following medication

Type \_\_\_\_\_

Purpose \_\_\_\_\_

This person has the following  
handicap or condition:

\_\_\_\_\_

Parent's Names (if student is under 18) \_\_\_\_\_ / \_\_\_\_\_  
Mom/First Last Dad/First Last

If unable to reach parent, contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company\* \_\_\_\_\_ Policy Number \_\_\_\_\_

\*Your personal health insurance is responsible for hospital costs if you become ill or injured at the studio or at a dance-related event and require the services of a physician.

**Please complete both sides of form.**

**MINOR WAIVER/RELEASE (Complete if students are under 18)**

I understand that Irish dancing involves certain inherent risks, notwithstanding the safety precautions, which are taken. I assume such risks on behalf of my child. In consideration of your accepting my child, \_\_\_\_\_ as a student in your program, for myself, my heirs, my executors, administrators and assigns, I waive and release any and all rights and claims for damages I have against the McClanahan School of Irish Dance, its sponsors, agents, employees, representatives, successors and assigns, (hereinafter collectively termed the "McClanahan School"), for any and all injuries and losses suffered by my child and/or me and agree to indemnify and hold harmless the McClanahan School for any claims by me or my child arising out of participation in any program or otherwise of the McClanahan School or at any other location during and event sponsored by the McClanahan School. Additionally, I hereby grant the McClanahan School permission to render first aid emergency treatment which it considers necessary to my child while in attendance at the McClanahan School, or at any other location during an event sponsored by the McClanahan School and release all rights and claims for damages which said child or I may have against the McClanahan School in connection with the rendering of said first aid emergency treatment and agrees to indemnify and hold harmless the McClanahan School for any claims by me or my child arising from said treatment.

Child's Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

**CONSENT FOR TREATMENT FOR ACCIDENT & ILLNESS**

Hospitals require that parents or adult guardians must give written consent before treatment of a minor (person under the age of 18) may begin unless the situation is life threatening.

I understand that the McClanahan School is not responsible in matters of illness or accidents. I certify that my child has had a medical examination to assure the physical fitness and capability to perform the dance involved in the program offered by the McClanahan School. In the event of an emergency, I hereby give permission to the licensed physician selected by the McClanahan School to hospitalize, secure proper treatment, anesthesia, or surgery for my child.

Child's Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)