

# 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**