

**McFadden Academy of Irish Dance**

**REGISTRATION FORM 2009-2010**

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

Parent or Guardian: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

E Mail Address: \_\_\_\_\_

Work E Mail Address: \_\_\_\_\_

Dancer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dancer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dancer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dance location: S.Burlington \_\_\_\_\_ Middlebury \_\_\_\_\_

Are there any special needs or circumstances that teacher should be made aware of (i.e. allergies, asthma etc.) \_\_\_\_\_

\_\_\_\_\_  
I agree not to hold Beth Anne McFadden, or the McFadden Academy of Irish Dance responsible for any loss, injury, accident or liability that might occur while my child is participating in dance lessons, shows, etc. I further state that my child/children are in good health and are not restricted from any physical activities such as dance etc.

**I have received and read the McFadden Academy of Irish Dance tuition policy and information and agree to make payments by the scheduled due dates.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_