



Registration Form

Child's Name: _____ Surname: _____

Address: _____

Email: _____

Date of Birth: ____ / ____ / ____ Date Joined: ____ / ____ / ____

Name of parent/guardian: _____

Contact No. For Parent/guardian: _____

Class Location: _____ Class Time: _____

Any allergies/medical conditions we should be aware of?
Yes/No (please circle)

If yes please give details: _____

In signing this document you certify that _____ (child's name) is fit and well enough to take part in our Irish dancing classes.

Does "The Chaney Farrell Academy" have permission to take photographs/ video footage of your child dancing for promotional purposes?
Yes/ No (please circle)

Where did you hear about our classes? _____

Does your child have any previous dancing experience?
Yes/ No (please circle)

If yes please give details: _____

Signed: _____ Date ____ / ____ / ____