

# Ohio Valley School of Celtic Dance and Culture (OVSCDC) Registration Form

Registration forms are due no later than the first day of class. Please complete both sides.

Student #1 Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Student #2 Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

## Parent/Guardian Information

Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

\*\*Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

++ We agree to abide by OVSCDC Covid Protocols as long as they are in place \_\_\_\_\_

\*\*Notifications of cancelled classes will be on the OVSCDC Family FB Page, website, and/or via email.

Office use only:  Yahoo email  Think Wave  Birthday List

## Tuition and Registration Fees:

Dancers pay full price for the first class, and then receive a 15% discount off the second, if taking solo and céili classes. A family discount applied for additional dancers paying in full. There is an additional registration fee assessed, once a year, per dancer for liability insurance. Make checks out to **OVSCDC**. We accept cash, check and credit card.



## Liability Release Form

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/ or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Ohio Valley School of Celtic Dance and Culture, its officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities (hereinafter collectively referred to as "Ohio Valley School of Celtic Dance and Culture."). I hereby agree to release Ohio Valley School of Celtic Dance and Culture and hold Ohio Valley School of Celtic Dance and Culture harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in dance on behalf of the participant. I also understand that I need to be within close distance of the Dance Hall during my child's class should an accident occur and I need to be contacted. I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation. The participant (if under 18) has the permission of myself, a legal guardian, to participate in Ohio Valley School of Celtic Dance and Culture events. I further release Ohio Valley School of Celtic Dance and Culture of all liabilities associated with my child's attendance at Ohio Valley School of Celtic Dance and Culture. I also give Ohio Valley School of Celtic Dance and Culture permission to use my child's picture in or on any form of advertisement for Ohio Valley School of Celtic Dance and Culture or an Ohio Valley School of Celtic Dance and Culture affiliated event.

Participant's Name \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list any medical or special needs that we should know about, medications the participant is taking, and any allergies or special medical instructions:

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