

Summer Classes 2010



Wednesdays, July 14th thru August 18th @ Dance & Gym Expressions

Class I - (4:30 to 5:30pm) - For new beginner and continuing first year dancers.

Class II - (5:30 to 6:30pm) - For advanced beginner, novice & adult dancers (hard shoes or taps required).

Summer Tuition: \$100.00

Please make checks payable to "McGrath Academy of Irish Dance"- 407 Mews Ct., Stafford, VA 22556

Student Information

_____	_____	_____	____/____/____	_____
First name	MI	Last name	Date of Birth (MM/DD/YYYY)	Class Time
_____	_____	_____	____/____/____	_____
First name	MI	Last name	Date of Birth (MM/DD/YYYY)	Class Time
_____	_____	_____	____/____/____	_____
First name	MI	Last name	Date of Birth (MM/DD/YYYY)	Class Time
_____	_____	_____	____/____/____	_____
Street Address			City, State, Zip	
_____			_____	
E-mail Address (required)				

Parent / Guardian Information

_____	_____	_____	_____	_____
First name	MI	Last name	Work Phone #	Cell Phone #
_____	_____	_____	_____	_____
First name	MI	Last name	Work Phone #	Cell Phone #

Emergency Contact Information *(other than a Parent Guardian)*

_____	_____	_____	_____	_____
First name	MI	Last name	Relationship	Emergency Contact Phone #

CONSENT OF PARENT OR LEGAL GUARDIAN

We appreciate the confidence expressed in your decision to enroll your children with our Academy. We take our responsibility seriously and will provide the highest quality learning experience possible. To ensure your child's safety and enjoyment, we would appreciate knowing any medical problem or learning disability, which may affect his or her participation. Please contact the director for a confidential discussion. I, _____, the parent or legal guardian of _____, a minor child, does hereby consent to the participation of said minor child in the activity, subject to the Rules and regulations, a copy of which has been provided to me. I am aware that any physical activity should be undertaken ONLY after consultation with a physician and I assume responsibility for my child doing so. I have advised the Academy in writing of any limitations necessitated by my child's activities due to medical or physical conditions. I hereby hold Patrick McGrath Academy and its affiliates harmless for any cost, claim, injury, damage, or liability incurred at the facility except due to the negligence of its agents or employees. I have received, read and fully understand the Academies Policies and Procedures for 2009-2010.

_____	_____
Signature	Date