



Foley Academy of Irish Dance: New Dancer Information Form

Please complete this form in its entirety and bring it to your first class. If you are under 18, your parent or legal guardian must complete this form. Completed forms will be collected at the beginning of the first class. Dancers cannot participate in Foley Academy classes or activities until this form is completed because the information is necessary for the dancer's safety and protection. There are no exceptions to this policy.

It is important that this information is current and accurate. Please inform the Foley Academy of any changes at your earliest convenience.

Dancer Information:

Dancer Name: _____ Date of Birth (MM/DD/YYYY): _____

Address: _____

Parent/Legal Guardian Information (if dancer under 18):

Parent/Legal Guardian Name: _____ Relationship to Dancer: _____

Address (if different): _____

Contact Information:

Phone Number: _____ Email Address: _____

Emergency Contact Information (at least one):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Designated Pick-up (if dancer under 18):

In addition to the parent/guardian listed above, please provide information for designated individuals, if any, that may collect the dancer from classes and activities:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Medical Information:

The health and safety of our dancers is our first priority. Irish Dancing is a safe activity for children and adults, however, as with any physical activity, accidents can happen. In the event of an emergency, having accurate medical information on file can assist first responders in providing appropriate treatment. This information will not be shared with anyone except medical professionals in the case of an emergency.

Please identify any illnesses, conditions, allergies, or disabilities that you believe Foley Academy should know regarding the dancer (e.g., asthma, diabetes, epilepsy, heart trouble, or any allergy to a specific food or drink):

Is the registered dancer currently taking any form of medication that you believe Foley Academy should know about? If "Yes," please provide details: Yes No

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If you answered, "Yes" to the above question:

Does the registered dancer need to be in possession of or need to be able to administer medication during Foley Academy classes and activities? Yes No

Can the registered dancer administer this medication without assistance? Yes No

Release and Waiver of Liability:

1. I, the undersigned, agree to not hold Shannon Foley Dilles, TCRG, and/or Foley Academy of Irish Dance, LLC responsible for any claim, cause of action, loss, injury, accident, or liability that might occur while I/or my child participate in Irish Dance classes, rehearsals, performances, competitions, or any other activities where the registered dancer is left under the supervision of Foley Academy of Irish Dance, LLC, on or off the premises. I further state that the dancer listed on the Foley Academy Dancer Information Form is in good health and is not restricted from any physical activities pertaining to dance.
2. I, the undersigned, understand that there are risks of physical injury inherent in any physical activity, including Irish Dance, and I, on behalf of myself and my child, knowingly and voluntarily accept that risk.
3. I, the undersigned, do hereby waive, release, and discharge Shannon Foley Dilles, TCRG, Foley Academy of Irish Dance, LLC, and/or its designated agents from any and all liability, including but not limited to, liability arising from the negligence of persons released, for my death, disability, personal injury, property damage, property theft, or action of any kind that may hereafter occur to me and/or my child in the absence of gross negligence. This includes damages, injuries, or losses that he/she/I may sustain or incur while attending or participating in any and all Foley Academy of Irish Dance, LLC classes or activities, both inside and outside any studio/building where classes, performances, workshops, competitions, activities may occur, including but not limited to, parking areas. These risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, and actions of other people including, but not limited to, participants, volunteers, spectators, event officials.

Medical Release:

1. I, the undersigned, do hereby authorize Shannon Foley Dilles, and/or Foley Academy of Irish Dance, LLC, to act for the registered dancer according to best of its judgment in providing or arranging for emergency care in any emergency circumstance requiring medical attention, and to obtain medical treatment for the registered dancer in emergency situations where I cannot be reached in time to authorize the treating physician to provide such emergency medical services.
2. I, the undersigned, understand that I am responsible for any medical expenses and that the absence of health insurance does not make Foley Academy of Irish Dance, LLC responsible for payment of medical expenses.

Media Release & Authorization:

1. I, the undersigned, hereby understand and agree that the registered dancer maybe participating in Foley Academy of Irish Dance, LLC activities and performances where the registered dancer may be photographed, videotaped, or recorded.
2. I, the undersigned, grant Foley Academy of Irish Dance, LLC complete exclusivity to the use of these of the registered dancer images and / or recordings in all forms of media throughout the world, inclusive but not limited to, print, advertising, posters/flyers, professional video, home-video, CD_ROM, internet, social media, DVD, audio CD, promotional materials, and any other electronic medium presently in existence or invented in the future. Foley Academy of Irish Dance, LLC has the right to use and create derivative works (with or without other materials), and display and disseminate, in full or portion any photographs / video footage taken as a result of participating in Foley Academy of Irish Dance, LLC classes, rehearsals, performance, competitions, and any other activities without any further compensation due to the dancer in the sole and exclusive discretion of Foley Academy of Irish Dance, LLC.
3. I, the undersigned, understand that Foley Academy of Irish Dance, LLC will only use my name / the registered dancer's name and other identifying information on the internet and other public disseminated media channels if I grant Foley Academy of Irish Dance, LLC specific written permission to do so. I also realize that my name / the registered dancer's name may be mentioned in local newspapers should his or her photo be taken and used for the purpose. I am confident that photos of the registered dancer will be appropriate and of good taste. This photo Media Release and Authorization applies to all classes, social events, and public events that are associated with Foley Academy of Irish Dance, LLC.

When using pictures / other media forms of the registered dancer:

- I DO give permission to Foley Academy of Irish Dance, LLC to use the registered dancer's name if needed in any Internet, social media, print, and / or media advertising or publication.
- I DO NOT give permission to Foley Academy of Irish Dance, LLC to use the registered dancer's name (partial or full) in any Internet, social media, print, and / or advertising or publication. I understand that the registered dancer may be asked to leave a specific area of any event where photos or interviews are being taken to ensure that they are not included in media. I also understand that Foley Academy of Irish Dance, LLC is not responsible for other parents and / or bystanders or the general public's ability to post dancers' pictures and tag the registered dancer's name on the Internet or social media websites.

I CERTIFY THAT I HAVE READ THIS DANCER INFORMATION FORM, AND I FULLY UNDERSTAND ALL CONTENT.

Dancer or Parent/Legal Guardian (if dancer under 18):

Print Name: _____

Signature: _____

Date: _____