

**CELTIC ACADEMY IRISH DANCE CANADA
REGISTRATION FORM
2016-2017**

Please print all information

LAST NAME: _____ **FIRST NAME:** _____

D.O.B: _____ **AGE: as of Jan.1st/**
2016 _____

BIRTH CERTIFICATE: _____ **CERT#:** _____ **VERIFIED:** _____

HEALTH CARD #: _____ **MEDICAL INFO:** _____

PARENTS/LEGAL GUARDIANS: _____

ADDRESS: _____

TOWN/CITY: _____ **POSTAL CODE:** _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL: _____

PROGRAM

RECREATIONAL: Irish Fairies(age 3-5 yrs) _____ Irish Basic _____ Irish Foundation _____

COMPETITIVE: Ultimate _____ Challenge _____ Champion _____ Semi Private _____

I hereby release Celtic Academy Irish Dance Canada and Mary Foley from all claims for damages arising from accident or injury which is caused by or arises from participation of the applicant named heron during any class or program or in any facility or at any location where the program is being held.

I authorize the above to use photo images of my child for school brochures or advertising purposes.

Signature of Student/Parent/Guardian _____ **Date:** _____

REGISTRATION FEE \$25 per student yearly

Accepted by Etransfer to email: celticacademycanada1@gmail.com

An email confirmation will be sent when registration fee has been received and space reserved

Note: Tuition & Camp Fees are eligible for deduction under the Children's Fitness Tax Credit and/or the Children's Arts Tax Credit with Canada Revenue Agency.