



# Taylor School of Irish Dance

Devoted to the Tradition & Spirit of Dance

## Registration Form 2009-2010

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_

\_\_\_\_\_

**Physician's Name and Telephone Number:**

\_\_\_\_\_

**Parental/Guardian consent for emergency medical release:**

\_\_\_\_\_