

Irish Performance Team Auditions

Event Registration Form

Date: Sunday, August 18

Time: 9:00~11:00AM (appx)

Location: Jazziak's Dance School
730 Main St. Boylston, MA 01505

Dancer Name: _____

Age: _____ DOB: _____

Height: _____ (feet) _____ (inches)

Address: _____

Phone #:(H) _____ (C) _____

Brief description of dance competition history: _____

Emergency Contact #1

Name: _____

Address: _____

Phone #:(H) _____ (C) _____

Relation: _____

Emergency Contact #2

Name: _____

Address: _____

Phone #:(H) _____ (C) _____

Relation: _____

Waiver of Liability

To the extent permitted by law, the person named above if eighteen or older in age, or the legal guardian of the person named above who is under eighteen in age, on behalf of said person, I do hereby waive any and all claims, release from all liability, and agree not to sue on behalf of myself, my children, my parents, my heirs, assigns, personal representatives estates as follows: Jazziak's Dance School, it's agents, officers, employees, student staff, or volunteers.

I accept all the inherent risks of participating at Jazziak's Dance School. I understand and agree that Jazziak's Dance School, it's agents, officers and employees shall assume no responsibility or liability to me for accident, or loss of, damage to, personal property resulting from participation in the Jazziak's Dance School activity.

Signature: _____ Date: _____

There is a \$15 audition fee that should be presented along with this form at the time of auditioning. Checks can be made out to Jazziak's Dance School.