



EMERGENCY FORM

FAMILY SURNAME:

EMERGENCY CONTACT NAME:

EMERGENCY PHONE NUMBER:

STREET ADDRESS:

CITY:

ZIP CODE:

HOME PHONE NUMBER:

CELL PHONE NUMBER:

FATHER'S FULL NAME:

FATHER'S WORK PHONE:

CELL PHONE/PAGER:

MOTHER'S FULL NAME:

MOTHER'S WORK PHONE:

CELL PHONE/PAGER:

DANCER #1 NAME:

Allergies, medical conditions, current medications, or other pertinent information regarding Dancer #1:

DANCER #2 NAME:

Allergies, medical conditions, current medications, or other pertinent information regarding Dancer #2:

DANCER #3 NAME:

Allergies, medical conditions, current medications, or other pertinent information regarding Dancer #3:

DANCER #4 NAME:

Allergies, medical conditions, current medications, or other pertinent information regarding Dancer #4:

RELEASE AFFIDAVIT

I, the undersigned, am in agreement that in the case of injury to my dancer(s) (listed above) during class participation or in conjunction with any performance appearance, neither Tiernan Irish Dancers, nor Trinity Academy of Irish Dance, nor the Tiernan Parent Club, nor Cohesion Dance Project, nor Cohesion Center, nor any homeowner or individual members of the organizations will be held liable.

PARENT SIGNATURE

____/____/____
DATE