



The Kelly Oster School of Irish Dance
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 www.kellyosterschool.com

**2011—2012
 REGISTRATION**

Dancer #1 Full Name _____ Date of Birth _____ School District Attending 2011-12, City, State _____ Grade _____

Dancer #2 Full Name _____ Date of Birth _____ School District Attending 2011-12, City, State _____ Grade _____

Address, including City, State, Zip _____

Home Phone _____ Email _____

Parent/Guardian Name _____ Cell Phone _____ Work Phone _____

Parent/Guardian Name _____ Cell Phone _____ Work Phone _____

Emergency Contact (Other than Parent/Guardian) _____ Relationship to Dancer(s) _____ Home Phone _____ Cell Phone _____

Parent Occupation(s) _____

Dancer Name	Dance Level	Class Code	Day	Time	Cost
Less Deposit(s)					
Total Due					

Permission & Release: I acknowledge that this activity involves exertion and carries with it the potential for injury. I hereby agree to waive the right to take legal action against the Kelly-Oster School, Carmel VFW, Miller Plaza/KKO dance studio/Oster Family Home, Kerry Kelly-Oster, Karyn Oster, and/or any affiliates and associates for injuries incurred on these premises. It is understood and agreed that the participant is physically fit and prepared for participation in the activities which will be undertaken, and that the participant has not been advised by any doctor or other medical person that participation in these activities should be avoided and/or limited.

Signature of Parent or Legal Guardian _____ Date _____

Photo Release: I give permission for photos to be taken of my child to be used in future Kelly-Oster School publications.

Signature of Parent or Legal Guardian _____ Date _____