



CLARKSON SCHOOL OF IRISH DANCE

14353 Manchester Rd.
Manchester, MO 63011
www.clarksonschool.com
(314) 560-3261

Annual Registration Form

Please remit completed form with \$25 annual registration fee, payable to "Clarkson School of Irish Dance" to: Clarkson School Registrar PO Box 1772, Manchester, MO 63011

Contact Information

Dancer Name: _____ Date of Birth: _____

Parents'/Guardians' Names: _____ Gender: M F

Address: _____ City, State, Zip: _____

Mother's Occupation: _____ Father's Occupation: _____

Phone: (_____) _____ Email Address: _____

How did you hear about Clarkson School of Irish Dance?

- Referral
- Newspaper Article
- Clarkson Website
- Poster/Flyer
- Clarkson Performance (which one?): _____
- Other: _____

Emergency Contact Information:

Mother's Cell Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Father's Work Phone: _____

Best person to contact for last minute issues/emergencies: _____ Emergency Contact Phone: _____

Dancer's Physician Information:

Physician's Name: _____ Office Phone: _____

Address: _____ Emergency Phone: _____

Optional Contact Information (optional: additional guardian or financial supporter who needs to be included in billings, mailings or emails):

Name: _____ Relationship: _____

Email: _____ Primary Phone: _____

In addition to parents, should the contact receive regular Clarkson school emails?: Y N

Preferred Class Night, Location(s) & Frequency: Please indicate 1st, 2nd, and 3rd choice. If you dance on multiple nights, please place an **M** in the preferred nights. Indicate one day of conflict: _____

Indicate the # of classes/week you anticipate: 1x/week 2x/week 3x/week > than 3x/week

Manchester Dance Studio (classes held throughout the year)

- Mon
- Tues
- Wed
- Thur
- Sat
- Oireachtas/Nationals/Worlds

St. James - Dogtown (classes during the school year)

- Thursday

Tuition Agreement:

I understand that and agree to the following terms::

- 1. **All tuition**, excluding Beginners, **is payable quarterly: September 1, December 1, March 1, & June 1.**
- 2. Beginner tuition is due monthly.
- 3. Tuition is to be paid in full and that there are **NO** refunds of any kind for tuition.
- 4. **No pro-rated tuition exists** unless exclusively authorized and agreed upon by Clarkson Director, Mary Clarkson.
- 5. Tuition invoices will be electronically mailed and will be due on the dates listed above.
- 6. Tuition checks are made payable to: "Mary Clarkson"

Print Name: _____ Email Address for Tuition Invoices: _____

Signature: _____ Date: _____

Release & Waiver Statements:

I authorize the Clarkson School of Irish Dance and its principals permission to use video and photo images of my dancer(s) for marketing and public relations materials.

Print Name: _____ Signature: _____ Date: _____

I will release and hold harmless the staff and Clarkson School of Irish Dance in the event of any injury sustained by my child through the routine course of practice and competitions. I will be responsible for any medical or any other charges in connection with his/her attendance at Clarkson School of Irish Dance.

Print Name: _____ Signature: _____ Date: _____

Social Media Policy:

- 1. We would love for you to share your Irish dance accomplishments via social media as long as it is respectful off ALL dancers, teachers, and the Clarkson School in general.
- 2. Parents are responsible for the content posted by all underage dancers.
- 3. If a dancer or parent posts content regarding Clarkson School, its dancers, teachers, or any affiliate that is inappropriate, we will ask for it to be removed immediately. Consequences for inappropriate posts will be administered on a case-by-case basis.
- 4. Do not post pictures to public forums without the permission of all involved. This includes all workshop teachers.
- 5. Clarkson school denies permission for you to post on a public forum ANY video of our dance material to include all telesonic recordings of any and all music used in our choreography and /or any video of dance material. without the express permission of Mary Clarkson.

Print Name: _____ Signature: _____ Date: _____

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