



Registration Form

Class : _____ Date(s): _____

Participant's Name: _____

Address: _____

Email: _____

Phone: _____

Emergency Contact Name/Phone: _____

Payment must accompany registration form. Acceptable payment forms: cash, check, or money order. There is a \$25 fee for returned checks. Please make your check or money order payable to: Marilyn Schleyer

Release Waiver:

I hereby waive, release and discharge the members of Desert Rhythms and all officers, as well as McMahan School of Irish Dance, from all liability and damages that may occur from taking part in the activity indicated in this agreement. I give my permission to be treated by a medical professional to be administered in the event of an emergency.

Insurance Carrier _____

Policy # _____

Parent's Signature _____

Dated _____