

Costume Information:

Dancer currently has: Male School Costume* Male Solo Costume None

Female costumes: Beginner shirt & blouse Blue School Dress* Solo Dress None

*I understand that my dancer's school costume fee is supplemented by the funds raised by the Clarkson School of Irish Dance and that my dancer is, therefore, expected to participate in at least 50% of all booked performances each year.

Print Name: _____ Signature: _____ Date: _____

Dancing Level (as of the 2010 feis season – 10/1/09-9/30/10)

	Jig	Single Jig	Slip Jig	Reel	Hornpipe	Treble Jig	Trad. Set	Open Set
Preschool								
Beginner								
Adv. Beg.								
Novice								
Open								
Champion								

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.

Please indicate one day of conflict: _____

Dance Studio on Manchester Road

Mon Tues Wed Thur Sat Ceili** Choreography*** National/Oireachtas

St. Charles Campbell Montessori School

St. James on Tamm Avenue

Wednesday

Thursday

Please indicate the number of classes/week you anticipate: 1x/week 2x/week 3x/week > than 3x/week

** I understand that my dancer, as a member of a Ceili Team, is expected to attend to all weekly ceili classes and that I am responsible for finding a substitute and communicating this replacement to Katie Stegeman & Mary Clarkson in advance of the class being missed, on the infrequent basis, that my dancer is unable to attend a scheduled ceili class.

Print Name: _____ Signature: _____ Date: _____

*** I understand that my dancer, as a member of the Choreography team, is expected to attend all weekly choreography classes and that they are only permitted to miss two (2) scheduled choreography classes during a feis year, except due to mutually agreed upon reasons between me and Mary Clarkson. In the event that more than two unexcused absences occur, I understand that it is exclusively the right of Mary Clarkson & Katie Stegeman to remove my dancer from the Choreography team.

Print Name: _____ Signature: _____ Date: _____



CLARKSON SCHOOL OF IRISH DANCE

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

Annual Registration Form

Contact Information

Dancer Name: _____ Date of Birth: _____

Address: _____ Gender: M F

City, State, Zip Code: _____

Parents'/Guardians' Names: _____

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

Home 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: _____

Address: _____

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