



## Lincoln Irish Dancers 2016-2017 Membership and Liability Waiver Form

*The mission of Lincoln Irish Dancers is to heighten awareness and appreciation of traditional Irish dance, and to celebrate Irish culture.*

**A. General Information. All family members living in the same household may use one form. All members including supporting (non-participating) members please complete Sections A and B. (Please print legibly)**

Member#1 Last Name	First Name	DOB: (mo/day)	
Member #2		DOB: (mo/day)	
Member #3		DOB: (mo/day))	
Member #4*		DOB: (mo/day)	
Address			
City	State	Zip	Home #
E-mail	Work #		Cell #
Parents' name(s) if student is under 18 years of age			

\*Additional names may be added at the bottom of this page.

**B. Dues. Annual dues are payable in September. Checks may be made payable to: Lincoln Irish Dancers, PO Box 83975, Lincoln, NE 68501-3975.**

Family membership (\$25)     Single membership (\$15)

I understand that as a member of Lincoln Irish Dancers, any pictures, videos or other recorded media of me/my child(ren) may be used by LID for the promotion of LID activities and sponsored events.

\_\_\_\_\_  
Signature of parent if student is under age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student if age 18 or over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student if age 18 or over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student if age 18 or over

\_\_\_\_\_  
Date

All students please complete Sections C, D and E below. If more space is needed, use the bottom of this form.

**C. Medical Information (drug allergies, medical conditions, etc. that would affect your treatment in an emergency). This information is kept confidential.**

Student #1	
Student #2	
Student #3	
Student #4	
Emergency Contact	Phone

**D. Dance Information**

Student #1: Years of experience	Types of dance studied
Student #2: Years of experience	
Student #3: Years of experience	
Student #4: Years of experience	

**E. Any other information we should know?**

**Student Liability Agreement**

Lincoln Irish Dancers recognizes its obligation to make sure our students and their parents (if student is a minor) are aware of the risks and hazards involved in the sport of dance. By signing this waiver, I understand that Irish dancing is a voluntary recreational activity that, because of its physical nature, could result in injury. I certify that I do not have (or that my child/student does not have) any health condition that would limit ability to participate in these classes. I release Lincoln Irish Dancers and all its representatives from all claims on account of any injury which may be sustained by me (or my child/student) while attending any dance class, or event associated with LID.

In signing this agreement and waiver, I acknowledge my responsibility in paying for tuition, required shoes and costumes, if any, and all costs involved in participating in this class.

\_\_\_\_\_  
Signature of parent if student is under age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student if age 18 or over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student if age 18 or over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of student if age 18 or over

\_\_\_\_\_  
Date