



Dancer's Name(s)		M/F	Birthdate
Last Name	First Name		

Date started with McTeggart School? \_\_\_\_\_ Location: \_\_\_\_\_  
 (Note: First time applicants, leave blank.)

Parent/Guardian Information			
Last Name	First Name	Relationship	Phone Number

Alternate phone numbers for emergency contact (work number, mobile phone):  
 \_\_\_\_\_

Email address:  
 \_\_\_\_\_

Address for all class mailings:  
 \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I understand that the McTeggart School of Irish Dancing and all class, performance and competition venues will not be held responsible for loss or injury.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_