

Dillon-Gavin Adult Enrollment Form

Name:		
Mailing address		
Phone #'s	Cell	Home
	Work	additional #'s
Email	Email is our primary form of contact	
Emergency Contact:	Name	Phone #

How did you hear about Dillon-Gavin?

Tuition

- Payment options: 1. Pay per session –OR– 2. Pay year in full and receive a discount.
- *Tuition is for an entire session/year. No refunds are given for withdrawal after the second week of classes or for illness or injury. Registration fee is nonrefundable.
- Registration fee of \$35 per family is due with 1st tuition payment & is paid once per dance year.
- Checks payable to: **BERNADETTE GAVIN** or **DILLON-GAVIN**
415 W. Golf Rd, Unit 56, Arl. Hts, 60005

	<u>Classes per week</u>	<u>Option #1</u> Pay per session.	<u>Option #2 – full year payment:</u> Must be paid in full by 1 st week of classes
<i>Adult/Red</i>	<i>1</i>	<i>\$175</i>	<i>1 payment @ \$495 (\$30 savings)</i>
		*Tuition	\$
		1 Registration Fee @ \$35	+ \$ 35.
		Total Due	\$

ADULT WAIVER/RELEASE I understand that Irish dancing involves certain inherent risks, notwithstanding the safety precautions which are taken. I assume such risks on my own behalf. In accepting me, _____ as a student in your program, for myself, my heirs, my executors, administrators and assigns, I waive and release any and all rights and claims for damages I have against the Dillon-Gavin School of Irish Dance, its sponsors, agents, employees, representatives, successors and assigns, (hereinafter: Dillon-Gavin), for any & all injuries and losses suffered by me & agree to indemnify and hold harmless Dillon-Gavin for any claims by me arising out of participation in any program or otherwise of Dillon-Gavin or at any other location during a performance, or event sponsored by Dillon-Gavin. Additionally, I grant Dillon-Gavin permission to render first aid emergency treatment which it considers necessary to me while in attendance at Dillon-Gavin, or at any other location during an event sponsored by Dillon-Gavin and release all rights and claims for damages which said I may have against Dillon-Gavin in connection with the rendering of said first aid emergency treatment & agree to indemnify & hold harmless Dillon-Gavin for any claims by me arising from said treatment.

During the dance year, pictures and/or videos may be taken of Dillon-Gavin dancers for in-house, educational or marketing purposes in the greater community. These pictures or videos may be used in combination with Dillon-Gavin brochures, website or appear in community publications. I give permission for photos or videos to be used by Dillon-Gavin.

Signature

Date