

Saol Academy of Irish Dance



General Registration Information

Studio Location

6650 N. Northwest Hwy
Chicago, IL 60631

Please complete & return registration page, then follow one of the payment options below:

- **Online Payment:** Pay online via PayPal or Chase Quickpay using saolacademy@gmail.com
- **In-Studio Payment:** Credit cards accepted, checks to be made out to Saol Academy

Tuition/Fees

- ★ **One 1-hr Class Per Week - \$165/Session (11 Weeks)**
 - *2nd dancer in family, \$99/Session*
- ★ **Two 1-hr Classes Per Week - \$264 Per Session (11 Weeks)**
 - *2nd dancer in family, \$159/Session*
- ★ **One 1.5-hr Classes Per Week - \$247.50 Per Session (11 Weeks)**
 - *2nd dancer in family, \$148.50/Session*
- ★ **New Students - First class is free to try! Tuition will be prorated based on start date.**

Further Tuition Information (please read carefully):

- ★ Tuition is due the week prior to start of the Session.
- ★ If payment is not received prior to these dates \$20 late fee will be applied.
- ★ Late fee does not apply to New Members.
- ★ Tuition for dancers who join after the Session has started will be prorated based on the missed classes.
- ★ For families with multiple dancers, the 2nd dancer is 60% (\$99 per Session), and additional dancers are free!!!
- ★ In the case of a snow day or class cancellation, make-up classes will be scheduled during the breaks (avoiding holidays).

Dress Code:

Please have your dancer wear a t-shirt, shorts, socks, and appropriate footwear. If it is cold outside, warm ups will be allowed until the dancer is comfortable. Beginner level dancers are allowed to wear Irish Soft Shoes (ghillies), light gym shoes, or ballet slippers. We do not encourage that dancers wear only socks, as this can lead to serious injury. Any dancers above Beginner level are required to wear proper poodle socks (girls) and Irish Soft/Hard Shoes. Girls' hair must be pulled back at all times.

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Parent & Student Registration Information

Name of Parent(s) or Guardian(s):	
Email Address:	
Phone # (Home):	
Phone # (Cell):	
Home Address:	
City/State/Zip Code:	
Emergency Contact Name:	
Emergency Contact Phone #:	

Name of Student #1:	
Class(es) she/he will be attending:	
Date of Birth:	____/____/_____
Name of Student #2:	
Class(es) she/he will be attending:	
Date of Birth:	____/____/_____
Name of Student #3:	
Class(es) she/he will be attending:	
Date of Birth:	____/____/_____

Please indicate what, if any, dance experience your child(ren) has had:

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Please list any allergies below:

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Saol Academy of Irish Dance



Liability Waiver & Acknowledgment of Risk

READ AND SIGN BELOW

REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE AND MUST BE COMPLETED BEFORE CLASS

I understand and agree that in participating in any dance class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Saol Academy of Irish Dance classes, rehearsals, performances, or activities. I also exempt, release, and indemnify Saol Academy of Irish Dance, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Saol Academy of Irish Dance. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Saol Academy of Irish Dance, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

Permission is granted Saol Academy of Irish Dance to use photographs of students for publicity purposes.

I have read, understood and agree to be bound by the above statement (please print your name, sign & date):

Printed: _____

Signed: _____

If under 18, parents or legal guardian must sign

For: _____

Name of Student(s)

Dated: _____