

**McHugh School of Irish Dance
Summer Camp Registration**

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| DANCERS NAME: | AGE: |
| EMERGENCY CONTACT INFORMATION: | |
| SPECIAL NEEDS: | |
| ALLERGIES: | |
| SWIMMING ABILITY: ___NON- SWIMMER___BEGINNER___INTERMEDIATE___ADVANCED | |
| Diving Board Use: High dive _____ Low Dive _____ | |
| I allow my dancer to use the pool facilities and have evaluated my child's ability to swim. I agree not to hold the McHugh School of Irish Dance, it's owners/employees or volunteers responsible for any injuries/accidents associated with use of the pool, slides or diving boards. | |
| Parent/Guardian Signature: _____ | |