

# DOMINICAN DEB MASTER DANCE CLASS REGISTRATION FORM

Participant's Name: \_\_\_\_\_

Current High School: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies or medical conditions:

\_\_\_\_\_

Were you referred by a Dominican Deb? If so, please list her name:

\_\_\_\_\_

**Liability and Release:**

I request that Dominican allow \_\_\_\_\_ (Participant's first and last name) to participate in the 2026 Deb Master Dance Class on Saturday, May 9, 2026. I release St. Mary's Dominican High School, the club moderators, coaches, and/or chaperones approved by the Administration from liability in any manner. In case of emergency, I give my permission for the club moderators, coaches, and/or chaperones to seek medical care as needed for my daughter if I can not be contacted. Additionally, I authorize the use of my daughter's photos for the purpose of publicity and marketing materials & on the St. Mary's Dominican High School website.

Parent/Guardian Signature (required): \_\_\_\_\_

**\*Please photocopy insurance card.**

Please list any allergies or medical conditions: \_\_\_\_\_

**WALK-UP REGISTRATION FEE: \$75**