

Ring of Kerry Irish Dancers, Inc.

3700 Liverpool Pl., Silver Spring, MD 20906

Email: rkid.email@gmail.com • Website: ringofkerrydancers.org



COMBINED MEMBERSHIP APPLICATION AND DANCE CLASS REGISTRATION FORM (please type or print)

Applicant must be age 18 or older to be eligible

NAME _____

COMPLETE ADDRESS _____

EMAIL ADDRESS _____

PHONE (landline) _____ PHONE (cell) _____

Dues for membership is \$20/year

Membership runs from October 1 through September 30 of the following year.

COVID-19 VACCINATION CERTIFICATION

To attend RKIDs' in-person events, proof of Covid-19 vaccination is required. Please initial one choice:

_____ I am fully vaccinated against Covid-19 and want to attend RKIDs' in-person events; proof of vaccination is attached (i.e., photo or other copy of vaccination card showing name and date(s), you may black-out personal information such as your birth date).

_____ I am not fully vaccinated against Covid-19 and will only attend RKIDs' events via online means.

_____ I do not wish to disclose my vaccination status, and therefore will only attend non-in-person events.

RELEASES

Optional **BIRTHDAY RELEASE:**

The Ring of Kerry Irish Dancers (RKIDS) will note your birth month and day on our website calendar so that your birthday can be recognized. We do not publish your last name or your birth year.

I give the Ring of Kerry Irish Dancers, Inc. permission to publish my birth month and day on its website.

If You Agree, Please Initial Here _____ Birth Month and Day is _____

Optional **MEDIA RELEASE:**

I give the Ring of Irish Dancers, Inc. permission to use my picture in or on any form of promotion, social media for the RKIDS or an affiliated event.

If You Agree, Please Initial Here _____

SIGNATURE: _____

DATE: _____

See the next page for dance class and other events registration information. Note: these are in-person events, and the COVID-19 vaccination requirement applies to them.

Please make checks payable either to RKIDs or Ring of Kerry Irish Dancers, Inc.

If you are paying for more than one applicant, please note that on this form and include their application(s).

Mail this completed form with payment to the address shown at the top of page 1.

Thank You and Céad Míle Fáilte!

IF PLANNING TO ATTEND DANCE CLASS, OR PARTICIPATE IN PARADES OR PERFORMANCES, PLEASE READ THE FOLLOWING AND INITIAL BELOW

The Ring of Kerry Irish Dancers, Inc. (RKIDs) is chartered in the State of Maryland as a 501(c)(3) corporation. All members serve the needs of the corporation on a volunteer basis and are not paid for their service. This includes the officers and directors of the corporation. See the website www.ringofkerrydancers.org for organizational information.

The purpose of the RKIDs is to provide the opportunity for its members and the local community to view, participate in, and support traditional Irish art, music, dance (ceili and set dancing), and culture. RKIDs sponsors and participates in events and activities which may include community parades; Irish and Celtic festivals; performances at different venues including senior centers, retirement homes, public schools, community functions, and non-dance functions that support the goals of the group.

Cost for dance class is \$50/semester. Applicant must be age 18 or older to be eligible. There is a Fall Semester (September to December) and Winter/Spring Semester (January to May). Tuition must be paid within 30 days following enrollment.

INITIAL: _____	The dance class, sponsored by the RKIDs, offers aerobic exercise within a fun and social setting. It, as well as performances and parades, can be physically demanding at times. As with any form of physical activity, these activities have an inherent risk of injury. RKIDs encourages its members to participate within their comfort level and physical ability. Members are responsible for determining their personal limits of exertion and discomfort. Keeping safety in mind, please feel free to do as much or as little dancing as you feel comfortable with, and within the advice of your physician. I understand the risks that are involved.
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PRINT NAME: _____ **DATE:** _____

Optional: I wish to donate \$ _____, which may be tax deductible, to the RKIDs.

OFFICIAL USE ONLY				
For RKIDs' Membership Year Beginning October 1, _____				
Payment Purpose	Date Paid	Method *	Amount Paid	Paid By
Annual Membership				
Fall Semester				
Winter/Spring Semester				
Donation				

*** Codes: "\$" if by Cash, the Check Number if by check, "CC" if by credit/debit card**