



CENTRAL CATHOLIC  
HIGH SCHOOL

Central Catholic High School's  
10th Annual Irish Dance Team Clinic and Performance  
*Permission Form and Waiver*

My child, listed below, has my permission to take part in Central Catholic High School's Irish Dance Team Clinic and Performance as listed below. As this student's parent or guardian, I release Toledo Central Catholic High School, Catholic School Services, and any associated person or agency from any claim in consideration for the opportunity to participate in this activity.

Class or group sponsoring event: Irish Dance Team  
Location: CCHS Sullivan Center, 2550 Cherry Street, Toledo, OH 43608  
Date of Clinic: Saturday, January 28, 2017  
8:30 a.m. - 12:30 p.m. and 7:00 p.m. - end of halftime

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_

Telephone number where you can be reached during the above time \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to participate in the CCHS Irish Dance Team Clinic and Performance.

**PLEASE SIGN AND RETURN THIS FORM WITH THE CLINIC REGISTRATION AND FEE:**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_