

Dancing Well with Parkinson's

About: "Dancing Well with Parkinson's" is a Modern dance class which has been specifically designed for People with Parkinson's. Dance Theatre Ireland are part of the "Dance for PD" membership programme, a dance programme which is proven to improve physical and emotional well-being for people with Parkinson's in over 100 communities around the world.

Start Date: _____

Venue: Dance Theatre of Ireland, Bloomfields, Lower Georges Street, Dun Laoghaire

Day/Time: Every Friday 11.00am – 12.30pm (10 week term)

Your registration will be confirmed by email once we have received your Registration Form, Indemnity Form and Payment of €50.00.

Registration Form

Your Personal Details (Block Capitals Please):

Name: _____

Address: _____

Email: _____

Mobile: _____ **Landline:** _____

I am (Please Tick):

Person with Parkinson's: Accompanying a Person with Parkinson's

Have you Participated in other Move4Parkinson's Classes? (Please Circle) Yes / No

Emergency Contact Details (Block Capitals Please):

Name: _____

Mobile: _____ **Landline:** _____

Please tick if you do **not** wish to receive our newsletter or regular updates from Move4Parkinson's

Please Note: Your information will be stored in confidence under the provisions of the Data Protection Act. Your completed form will be held securely and confidentially. Only authorized staff in Move4Parkinson's will have access to your information, we do not share your information with outside parties.

Office Use Only:

Memb No: **Payment Received:** € **Cash** **Cheque** **EFT** **Date:** / /

Dancing Well with Parkinson's Indemnity Form

1. "Dancing Well with Parkinson's" classes are provided by the Move4Parkinson's Foundation Limited ("**Move4Parkinson's**") to people with Parkinson's, their family, friends and carers. Classes will be delivered in Dance Theatre Ireland (DTI), who are part of the **Dance for PD** membership programme.
2. The participant takes the class at their own risk. You represent that you are physically fit and have no medical condition which would prevent full participation. You acknowledge that it is your responsibility to consult a physician prior to and regarding participation in the class and that you will inform the instructor of any relevant medical information.
3. Subject to paragraph 4, the participant agrees to indemnify and keep indemnified Move4Parkinson's, its members, instructors, advisors, employees and agents from all liabilities claims and obligations of whatever nature arising from participation in the class.
4. Move4Parkinson's does not accept any responsibility for loss or damage to personal property.
5. Move4Parkinson's reserves the right to cancel any class or change venue anytime up to and including the date scheduled for the class. We do not accept responsibility for any loss or expense incurred due to the cancellation or change of venue of any class.
6. Personal data, including contact details and medical information, obtained from you is used solely for the purpose of administering and undertaking classes. You authorise Move4Parkinson's to use the personal data provided for these purposes. We will not otherwise transfer your personal data to third parties save as permitted under the provisions of the Data Protection Acts 1998 and 2003 or as required by law. For further information you can view our Privacy Policy on our website (www.move4parkinsons.com). If you wish to make a request for access to or removal of any of your personal data, require details of the personal data which we hold relating to you or have any queries relating to data protection, you should email us at info@move4parkinsons.com.
7. No provision of these terms will have the effect of excluding or limiting our liability in respect of personal injury or death which results from acts or omissions of Move4Parkinson's or from the negligent acts or omissions of Move4Parkinson's employees or agents whilst acting within our authority or instructions or for any other liability that cannot be lawfully limited or excluded under Irish Law.

Class Participant:

Name (Block Capitals): _____ Signature: _____ Date: / /

Signature Witnessed by:

Name (Block Capitals): _____ Signature: _____ Date: / /

Payment Options

Chose one of the following options to pay your Registration Fee of €50:

- A. **By Post:** Send us your Registration & Indemnity Forms along with a cheque or postal order made out to “Move4Parkinson’s” in the amount of €50. We will arrange for this to be lodged to our account and you will be contacted by email to confirm your registration.
- B. **Bank Transfer:** You can arrange an online bank transfer or you can drop into your bank to make a lodgement directly to our account, using our account details. Please note if you chose this option, you need to fill in a description of the lodgement so we know where the money has come from.

- i. Description: DTI Class+ Your Name

Sample Description: DTI Class /Diane Middleton

- ii. Move4Parkinson’s Bank Details

<i>Bank of Ireland</i>	<i>A/C No. 92956711</i>
<i>Dundrum</i>	<i>Sort Code 901095</i>
<i>Co Dublin</i>	<i>IBAN: IE12BOFI90109592956711 BIC: BOFIE2D</i>

iii. Post your Registration & Indemnity Forms to Move4Parkinson’s along with the lodgement details: Date & Description used. Move4Parkinson’s will contact you by email to confirm your registration.

Postal Address: Move4Parkinson’s, Sandyford Community Centre, Enniskerry Road, Lamb’s Cross, Sandyford, Dublin 18

If you require any further information or have any issues with registration please do not hesitate to contact us either by email or phone:

Email Address: events@move4parkinsons.com

Phone: (01) 2950060