

danceability

day _____ time _____

Registration Form

Registration Fee of \$30.00 payable to *danceability* is required upon the completion of this form.

Please Print

Student's Full Name / Nickname _____

Parent(s)/ Guardian's Full Name _____

Address: _____

City _____

Zip: _____

Home Phone #: _____

Cell #: _____

Email: _____ (please print clearly)

Date of Birth: _____ Age: _____

Is the individual his/her own legal representative (can he/she sign consent)? Yes _____ No _____

Diagnosed/identified disability:

Share with us pertinent medical information that may help us to better serve the student, i.e. seizures, verbal cues, sign language, special needs, behavioral modifications, emergency medications (i.e. Epi Pen, etc).
Parents/guardians/group home staff are required to bring to each class emergency medications needed by the dancer. If needed, medications will be administered by the parent/guardian/staff.

Can this child/adult use the restroom facilities independently? Yes _____ No _____

Is the student interested in participating in our year-end performance? Yes _____ No _____

Does the student have Service Coordination Yes _____ No _____

**** Safety is of the utmost importance within the danceability, Inc. program. If a student consistently demonstrates violent behavior every attempt of classroom behavioral modification will be made, however dismissal from program may occur if behavior continues.**

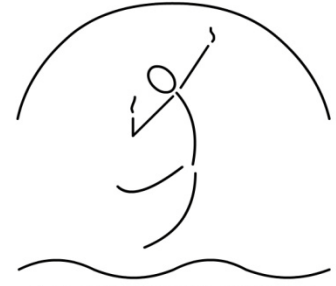
Self, Parent, Legal Guardian, Staff Signature:

_____ **Date:** _____

In Case of Emergency Please Contact:

Name: _____ Relationship: _____ Phone: _____

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Release of Liability

I, _____, on behalf of myself or as a parent and/or legal guardian and or conservator of, _____, acknowledge that dance activities have inherent benefits and risks, including the risk of physical injury. I have knowingly made a determination that the potential benefits of participation in this program are greater than any risks assumed. Further, I agree to assume the risk of such participation in this program. I hereby, intending to be legally bound, on behalf of myself, this person, my heirs, executor or administrator waive and forever release all claims for damages against *danceability, Inc.* Dance Program, its Board of Directors, instructors, volunteers and/or employees for any and all injuries this person may sustain while participating in this dance program. I hereby, intending to be legally bound, on behalf of myself, this person, my heirs, assigns, executor or administrator agree to hold harmless *danceability, Inc.* dance program, its Board or Directors, instructors, volunteers, and/or employees for any injuries this person may sustain while participating in this dance program.

Dated _____

Signature _____

(Self/Parent/Legal Guardian/Conservator)

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Photography & Videotape Consent



Classes may be photographed and/or videotaped periodically for presentations and program development. Photographs and/or videotape may be posted on YouTube, Facebook and other social media type websites. Presentations may include but are not limited to appeals to potential funding sources, in-service presentations, community events, demonstrations at colleges for intern recruitment as well as other invitations.

All photographs and videotape become the property of danceability, Inc.

_____ Yes, (*dancer*) _____ may participate in videotaped segments and/or class photographs.

_____ No, (*Dancer*) _____ may not participate in any videotaped segments and/or class photographs.

I UNDERSTAND THAT IF A STUDENT CANNOT BE PHOTOGRAPHED OR VIDEOTAPED FOR ANY REASON, HE OR SHE WILL NOT BE ABLE TO PARTICIPATE IN THOSE PERFORMANCES (INCLUDING THE FINAL PERFORMANCE) WHERE PHOTOGRAPHY AND/OR VIDEOTAPING WILL OCCUR.

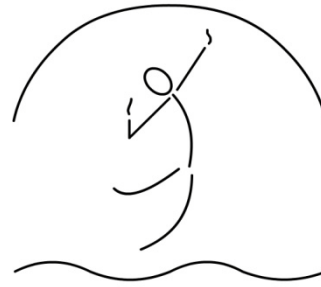
Signature

Please Circle one of the following:

Self / Parent / Legal Guardian / Conservator

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Physician Statement & Medical Release for Participation



Your patient, _____, is interested in participation in a dance/movement program at *danceability, Inc.* Danceability, Inc., while done in a group setting seeks to meet the needs of the individuals, thus understanding that some movement may be limited. The basics of our program work within the genres of tap, ballet, jazz and creative movement. Kindly confirm whether you approve of your patient's participation in a dance program and/or whether you recommend any limitations in this activity.

_____ This patient may participate in this dance program without restriction

_____ This patient may participate in this dance program with the following restrictions/limitations:

The student/ patient cannot start the program without medical consent! Please promptly return this form to the family. If you have any questions, please feel free to contact us at (716)651-0094 or danceabilitywny@gmail.com.

Physician's Signature

Print Physician's Name

Physician's Address

Physician's Phone Number

Date

**** NEEDS TO BE COMPLETED AND HANDED IN BEFORE FIRST
DANCE CLASS IN ORDER TO PARTICIPATE.****