

danceability
Group Home Participant Registration Form

*A Registration Fee of \$40.00 payable to **danceability** is required upon the completion of this form.*

Please Print Clearly

Student's Full Name / Nickname: _____

Date of Birth: _____ Age: _____ Gender: _____

Group Home Agency: _____

Group Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Home Cell Phone #: _____

******* Please notify us promptly if any of the information below changes during the dance season. In addition, if a dancer moves, please notify us immediately and share our information with their new staff.**

Manager's Name: _____

Manager's Cell Phone #: _____ Manager's Email: _____

Who Should we speak to regarding tuition/billing issues? (if different from Manager): _____

Student's Parent/Guardian Information

*****It is the group home manager's responsibility to communicate all important danceability information (schedule changes, finances, performance information) to the parents/guardians. Please share with them promptly!**

Parent/Guardian Full Name(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Home Cell Phone #: _____

Email: _____

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

Diagnosed/identified disability: _____

Dancer's Day Program/ Employer: _____

Can this individual use the restroom facilities independently? Yes _____ No _____

Will the individual participate in our year-end performance? Yes _____ No _____

Please share with us any other 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.

Please share the following:

Dancer's favorite music (artist, genre/style, etc) _____

Dancer's favorite activities (outside of dance and/or if they have participated in the past, in dance class)

For Grant Purposes Only:

White (Not Hispanic or Latino) Black or African American Hispanic or Latino

Asian American Indian/Alaskan Native Native Hawaiian or Pacific Islander

Two or More Races (All Persons Who Identify with More than One of the Above Five Races)

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

Signature:

Date: _____

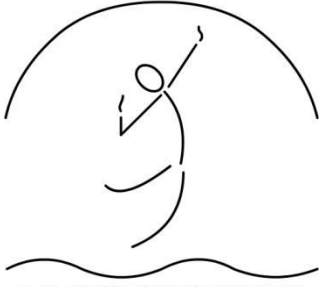
Please Circle one of the following:

Self / Parent / Legal Guardian / Conservator

In Case of Emergency Please Contact:

Name: _____

Relationship: _____ Phone: _____



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Release of Liability

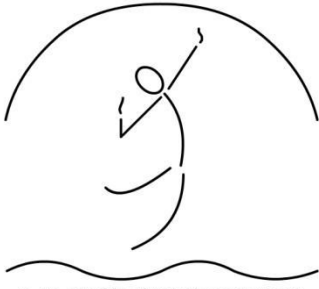
I, _____, on behalf of myself or as a parent and/or legal guardian and or conservator of, _____, acknowledge that dance activities have inherent benefits and risks, including the risk of physical injury. I have knowingly made a determination that the potential benefits of participation in this program 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 _____

Please Circle one of the following:

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.

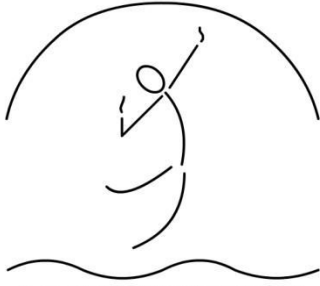
_____ No, (*dancer*) _____ may not participate in any videotaped segments and/or class photographs.

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 email us at 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****