



# danceability

## Registration Form

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

**Please Print Clearly**

Dancer's Full Name / Nickname: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Dancer's School/ Day Program/ Employer: \_\_\_\_\_

Parent(s) Employer (optional): \_\_\_\_\_

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

Diagnosed/identified disability: \_\_\_\_\_  
\_\_\_\_\_

Can this individual use the restroom facilities independently? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Does the individual have Service Coordination Yes \_\_\_\_\_ No \_\_\_\_\_

Does the dancer have a Behavior intervention plan (BIP) in school? Yes/ No / Unknown / NA

Does the dancer have a Behavior Support Plan (BSP) at home? Yes/ No / Unknown / NA

Would you be willing to share relevant information from the plan that could help us to support the person in class? *This can include target behaviors, triggers, warning signs, strategies etc*

\_\_\_\_\_  
\_\_\_\_\_

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/plans, 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.*

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Please share the following:

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

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Are you interested in being contacted for additional volunteer opportunities? \_\_\_\_\_

*If so, circle all that apply.*

Costumes

Board committees

Fundraising

Annual Performance Help

Site Maintenance; ie. Landscaping, Snowplowing

**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 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. Sometimes behavioral issues occur because of outside factors, illness, medical concerns, etc which are out of our control.*

**Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

Please Circle one of the following:

Self / Parent / Legal Guardian / Conservator

**In Case of Emergency Please Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



# **danceability**

## **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, other social media type websites and marketing materials. 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*, 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](mailto: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\*\***