



Welcome to Joy in Motion! Please complete this form with as much detail as possible. We will use this information to partner our coaches with your dancer and for our team to review as we prepare for your dancer. Let us know how we can make Joy in Motion a success for your child. We will do our best to include these elements in our coaching plans for your dancer.
Our Joy In Motion Program is for students 9-18 years old.

There is a one-time \$100 fee due upon registering for Joy in Motion.

Dancers will be provided shoes, dance class attire, 9 months of classes and a recital costume at no additional cost. Fundraisers will be held to supplement the costs associated with the program. Parent participation is encouraged.

Family & Dancer Information:

Date of Application _____

Parent(s) Name(s) _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Home Phone _____ Cell Phone _____

Dancer's Name _____ Nickname (if preferred) _____

Date of Birth (Month/Day/Year) _____

School _____ Grade _____

Allergies _____

What is your child's diagnosis? Please be specific so we can prepare for his/her needs.

What items are addressed in their IEP or therapy plans that we can assist with or be aware of?

What would you like your coach assistant to do to help your dancer?

_____ Move in wheelchair/ help with walking aids

_____ Specialized care- please discuss with me personally

_____ Other, please be specific: _____

Please check any of the following items that apply to your dancer:

_____ Sensitive to rough textures/ fabrics

_____ Allergic to perfumes/ dyes/ smells

_____ Sensitive to lights

_____ Bothered by loud sounds

_____ Problems keeping on task/ staying focused

_____ Runs away from group or person in charge

_____ Minimal help needed

_____ Anything else that we need to be aware of? Please list below:

Our coaches are usually (but not mandatory) accomplished dancers who want to share what they love with your dancer. They will typically help with the following areas: help dancers stand, help with focus & following directions, help with safety issues related to stability, encourage verbally and with praise or hugs. If care is needed beyond this level, we will meet to see how we can work together to address needs.

Students must be able to exhibit basic communication skills (dancers can be non-verbal, just need to be able to communicate at a basic level). Students need to exhibit appropriate social behavior and general self-control that would be expected for their age with expected developmental disabilities. We are not trained special education experts and are not equipped to work with all students including severe discipline problems or children with difficult medical care. We will seek to provide dance education to as many children as possible. Your child's safety is of the utmost importance to us. If for any reason, you have concerns regarding the safety/ treatment of your child, please notify the dance instructor, program coordinator and studio owner immediately.

_____ Please initial acknowledging your understanding of the information above.

Please complete the following:

Shirt Size: _____

Measurements:

Pant/ Short Size: _____

Bust: _____

Pants Waist Number: _____

Waist: _____

Size for Tights: _____

Hips: _____

Shoe Size: _____

Photo & Video Release:

Please read the following statements and sign the bottom of the page.

By signing this release, I authorize the program to use the following personal information for my family and dancer:

- Pictures- including photo, motion, electronic images
- Voices- including sound and video recordings

I grant the right to publish, reproduce for all purposes and copy my image as needed for the benefits of the organization. This includes but is not limited to print media and video recorded for the purpose of the program. I waive the rights for any compensation for the use of the photos, audio, media and for any of the finished photos, audio and video, advertising recording and copyrighted material. Also, anything generated by a computer. I acknowledge that I have read the above statements and I am in full agreement with this document.

Print Name _____

Phone Number _____

By signing this, I am acknowledging that I am signing for my under age child and on behalf of my family members and I am granting permission for my child to participate in all aspects of Joy in Motion.

Signature _____ Date _____