



**Welcome to Darby's Dancers!** 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 this a success for your child. We will do our best to include these elements in our coaching plans for your dancer.

### FAMILY AND DANCER INFORMATION

Date of Application \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Dancer Name \_\_\_\_\_

Nickname (if preferred) \_\_\_\_\_ Date of Birth \_\_\_\_\_

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 do to help your dancer:

\_\_\_\_\_

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 high school age 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. You are encouraged to monitor all activities which your child engages in with Darby's Dancers and the studio in which these activities are conducted.

If for any reason you have concerns regarding the safety/treatment of your child, please notify the dance instructor, program coordinator, studio owner and Darby's Dancers National Organization immediately, in writing.

## Release of Liability

By agreeing to allow my child to participate in the Darby's Dancers program, I, on behalf of myself and my family members, are hereby releasing the dance instructor, program coordinator, studio owner(s) and the Darby's Dancers National Organization, along with it's officers and directors from any and all liability for their actions in which I have not previously brought to their attention in writing.

I have read and agree to the forgoing paragraph.

\_\_\_\_\_  
(Initials)

### Photo and Video Release:

Please read the following statements and sign at 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 copy- righted materials and also for anything generated by a computer.

I acknowledge that I have read the following and I am in full agreement with this document.

PRINT NAME \_\_\_\_\_

By signing this I am acknowledging that I am signing for my child and on behalf of my family members and I am granting permission for my child to participate in all aspects of Darby's Dancers.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The mailing address of the studio owner(s) is the location in which your child regularly participates in activities related to Darby's Dancers. The mailing address of the National Organization may be found at [www.darbysdancers.com](http://www.darbysdancers.com).

Other information needed for dance attire/costumes

Please complete the following-

Shirt Size: \_\_\_\_\_

Measurements:

Pant/short size: \_\_\_\_\_

Bust: \_\_\_\_\_

Pants waist number: \_\_\_\_\_

Waist: \_\_\_\_\_

Shoe Size \_\_\_\_\_

Hips: \_\_\_\_\_