



2019-2020

**STUDENT INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred First Name (for roster): \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

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

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

Academic School (if applicable): \_\_\_\_\_ 2019 Grade: \_\_\_\_\_

T-shirt Size (please circle): Child XS Child S Child M Child L Child XL Adult S Adult M Adult L Adult XL Adult 2XL

**PARENT/GUARDIAN 1 INFORMATION:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

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

Email (will be used as primary email contact): \_\_\_\_\_

Cell Phone (will be used as primary phone contact): ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**PARENT/GUARDIAN 2 INFORMATION:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**PAYMENT INFORMATION:**

Tuition Due: \$55

Cash

By Credit Card

Card Type:  AMEX  DISC  MC  VISA

By Check

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

Check# \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Please make checks payable to Just Dance.

Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_



# HEALTH HISTORY

STUDENT NAME: \_\_\_\_\_

## EMERGENCY CONTACT:

In the event parents/guardians cannot be reached, please contact:

Name (other than parent/guardian): \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Emergency Phone 1: (    ) \_\_\_\_\_ Emergency Phone 2: (    ) \_\_\_\_\_

### DELAY/DISABILITY:

What is the nature of your child's delay/diagnosis?

- Autism Spectrum Disorder
- Down syndrome
- Other (please describe)

**ALLERGIES:** Please list all known allergies, including reaction and treatment. If allergy is severe, please provide Just Dance with an emergency action plan.

### HEALTH CONDITIONS:

Please indicate any of the following conditions which have applied or currently apply to the student:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADHD                        | <input type="checkbox"/> Eating disorder         | <input type="checkbox"/> Heart problems      |
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Epilepsy/seizures       | <input type="checkbox"/> Hospitalization     |
| <input type="checkbox"/> Behavioral/emotional issues | <input type="checkbox"/> Fainting/dizziness      | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Bleeding disorder           | <input type="checkbox"/> Gastrointestinal issues | <input type="checkbox"/> Surgery             |
| <input type="checkbox"/> Chronic illness             | <input type="checkbox"/> Headaches               | <input type="checkbox"/> Vision impairment   |
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Hearing impairment      | <input type="checkbox"/> Other: _____        |

Please explain any item(s) checked above:

**IEP/ILP:** Please provide Just Dance with your child's IEP or ILP so we can comprehensively serve your child to the best of our ability. Our classroom dance instructor will use these to adapt and modify the classroom structure and lesson plans. (Optional)

Please list any additional medical information we should know:



# QUESTIONNAIRE

STUDENT NAME: \_\_\_\_\_

## COMMUNICATION NEEDS:

Your child can communicate with others using:

Speech: (please check all that apply)

- words       phrases       sentences

Sign Language/Gestures (please check all that apply)

- |                                   |                                    |  |                                  |                                      |
|-----------------------------------|------------------------------------|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> good     | <input type="checkbox"/> time      | <input type="checkbox"/> finished/all done | <input type="checkbox"/> quiet   | <input type="checkbox"/> fall        |
| <input type="checkbox"/> stop     | <input type="checkbox"/> thank you | <input type="checkbox"/> high              | <input type="checkbox"/> spin    | <input type="checkbox"/> scarf       |
| <input type="checkbox"/> stand    | <input type="checkbox"/> help      | <input type="checkbox"/> low               | <input type="checkbox"/> sway    | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> sit      | <input type="checkbox"/> book      | <input type="checkbox"/> fast              | <input type="checkbox"/> tip-toe |                                      |
| <input type="checkbox"/> more     | <input type="checkbox"/> dance     | <input type="checkbox"/> slow              | <input type="checkbox"/> sharp   |                                      |
| <input type="checkbox"/> bathroom | <input type="checkbox"/> rest      | <input type="checkbox"/> loud              | <input type="checkbox"/> soft    |                                      |

Check box indicating Sign Language Style:     ASL     Other \_\_\_\_\_

Your child can understand what others say:

- all of the time       with time to process       with repetition       with visual prompting

Does your child like to:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Be touched:                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Receive direct praise:                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Play with bubbles:                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have a reward for good behavior:                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Play with tactile fidgets to help pay attention: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Receive stickers:                                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Your child is most comforted by: (please check all that apply)

- deep pressure       oral motor tasks (i.e. blowing bubbles)       tactile fidgets  
 verbal prompting before transitions       body movement       other \_\_\_\_\_

## LEARNING STYLE:

Your child benefits when learning from: (please check all that apply)

- visual gestures for directions       visual schedule       1:1 support  
 extra time for transitions       body movement

Please provide any other learning styles you have found successful: \_\_\_\_\_

Does your child follow two-step directions?       YES       NO

## BEHAVIOR MANAGEMENT:

What type of redirecting/behavior management techniques are currently being used at home? Provide phrases you use for different situations if applicable.

Has your child had previous dance or movement-based classes?     YES     NO

If yes, tell us about their experience with those dance/movement-based classes.

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

## SOCIAL:

Does your child seek peer interactions?       YES       NO

Does your child benefit from modeling of social interactions?     YES     NO



# WAIVER & RELEASE

*Please read carefully before signing. This is a release of liability and waiver of certain legal rights.*

## **LIABILITY RELEASE**

As the enrolled participant and/or the parent/guardian of the participant, I agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including but not limited to serious physical injury. The participant hereby agrees to participate in activities of the Just Dance and hereby agrees to indemnify and hold harmless Just Dance, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of Just Dance.

The participant also agrees to indemnify Just Dance for any damages incurred arising from any claims, demand, action or course of action by the participant. The participant authorizes any representative of Just Dance to have the participant treated in any medical emergency during their participation in activities of Just Dance. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. Any medical/health issues of which the staff should be aware are disclosed on the Health History Form. The parent/guardian will keep Just Dance informed of any changes in the participant's health.

## **PHOTOGRAPHY/VIDEOGRAPHY RELEASE**

As the enrolled participant and/or the parent/guardian of the enrolled participant, I authorize Just Dance and/or its representative, agent or employee to photograph and/or videotape and use any photograph/likeness of me or my minor child for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the Studio Director.

## **INSTRUCTION ACKNOWLEDGEMENT**

I understand that in teaching the art of ballet and other dance forms, it is entirely appropriate for a teacher to put their hands on a student to correct the student's posture, the physical line, position of the student's body or part of his/her body, or to help a student hold a position. Just Dance does not tolerate any teacher-student contact that is harmful or inappropriate. By participating in Just Dance activities and programs, parents acknowledge that Just Dance teachers / instructors may correct students with physical contact.

## **USE OF CONTACT INFORMATION**

By completing this form, I grant Just Dance permission to use my personal information to contact me about upcoming events and promotions. Just Dance will not rent, sell, or share personal information with third-party companies or organizations unless permission is received.

**I have carefully read the above releases and sign with full knowledge of their content and significance. I have read and agree to abide by all policies and procedures.**

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PARENT/GUARDIAN NAME (please print)

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PARENT/GUARDIAN SIGNATURE

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DATE