

**Columbia Dance
INCLUDE
STUDENT INFO**

Student Name _____ Student Age _____

Parent/Guardian Name(s) _____

Parent/Guardian Email(s) _____

Parent/Guardian Phone Number(s) _____

TELL US ABOUT YOUR CHILD:

What are your child's interests? What activities do they enjoy?

Does your child have sensory sensitivities (visual, auditory, tactile, vestibular)? If so, can you describe? What are some strategies you suggest to make this class successful and positive for your child? (Examples: sensitive to spinning moves, sensitive to touch on their feet, can startle easily, does not like loud music, etc.)

Is your child able to communicate their needs? Do you have any communication strategies you would like us know? (Ex: able to voice their needs but requires simple 1 step directions.)

Are there any medical issues or precautions we should be aware of in order to ensure your child's safety and well being?

In addition to 2 faculty members in the classroom, your child will also be assigned a high school dance partner to dance alongside them. What information would help the faculty and dance partner make the experience most enjoyable and positive for your child? Please share any information here. The more you share, the better!

Will you be able to attend each of the 7 classes? Consistent attendance is important for the group as well as for your child.

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I/We realize an inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is a contagious disease that can lead to severe illness and death. By visiting Columbia Dance, I/we voluntarily assume all risks related to exposure to COVID-19. I understand that there are NO refunds for registration fees, costume fees or classes. I understand that if my dancer's class gets rescheduled or moved to a virtual format due to weather, sickness, or any issues arising from COVID-19 there is no refund for these re-scheduled classes.

I/We realize that participation in dance classes and Columbia Dance activities could involve some possible personal injury. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by Columbia Dance Center. I/We assume all risks of participation including, but not limited to, onsite and offsite activities.

I/We agree to release and hold harmless Columbia Dance Center, including its teachers, dancers, staff members, directors and facilities used by both entities from any cause of action, claims, or demands, as a result of my/our participation in any activity of any type with Columbia Dance Center. I/We will not hold Columbia Dance Center liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Columbia Dance Center.

I/We realize that my student will be required to respect Columbia Dance staff, students, and property and that if this is proving too difficult they will be asked to leave.

I/We hereby grant and convey unto Columbia Dance Center all right, title and interest in any and all photographic images and video or audio recordings made by Columbia Dance Center during the undersigned's participation in Columbia Dance Center activities.

I give "Columbia Dance" the right to use my students' photo(s) and video(s) in marketing for future classes and camps.

*If you would prefer to not have your child's image used, please email Columbia Dance directly to be added to the NO PHOTO list.

By signing/typing below, I confirm I have read, and agree, to the terms and conditions of participation.

Parent Signature _____

Send form to becky.moore@columbiadance.org