



Welcome to Darby's Dancers!

Please complete this form with as much detail as possible. We will use this information to partner our teacher assistants 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 teaching plans for your dancer.

FAMILY & DANCER INFORMATION

Date of Application: _____

Parent(s) Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

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 teacher assistant do to help your dancer?

_____ Move in wheelchair/help with walking aids

_____ Specialized care

_____ 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/food

_____ Sensitive to lights

_____ Bothered by loud sounds

_____ Problems keeping on task/staying focused

_____ Runs away from group or person in charge

_____ Minimal help needed

_____ Other, please be specific:

Our high school age teacher assistants are accomplished dancers who want to share what they love with your dancer. They will typically help in 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.

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 righted materials. Also, anything generated by a computer.

I acknowledge that I have read the following 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 Darby's Dancers at Premiere Dance Academy.

SIGNATURE: _____ DATE: _____

Dance Participant Liability Waiver and Release Form

SIGNATURE REQUIRED

This Waiver and Release Form ("Release") is entered into by Premiere Dance Academy, LLC ("Premiere Dance") and Schulberg Enterprises, LLC, _____ ("Participant"), (collectively the "Parties") as of this _____ day of _____, 20_____.

WHEREAS, Participant wishes to engage in dance activities at Premiere Dance, Schulberg Enterprises, and

WHEREAS, Participant understands that dance activities can be physically damaging; and

WHEREAS, Participant understands that the potential for physical injury is inherent in any and all physical activity including dance activities; and

NOW, THEREFORE, for good and value consideration, the sufficiency of which is hereby acknowledged, the Parties covenant and agree as follows:

1. Premiere Dance agrees to offer Participant dance lessons and other services where Participant will participate in the activities of Premiere Dance, Schulberg Enterprises. As part of this participation, Participant will obtain valuable dance skills and experience.
2. Participant agrees not to hold Premiere Dance, Schulberg Enterprises LLC, its agents, officers or employees, liable for any claims, actions, losses, costs or expenses that may arise in connection with the Participant's participation as a student and/or instructors/owners whether at the Premiere Dance facility, Schulberg Enterprises LLC facility or some other location. Participant agrees that this Release shall be construed as broadly as possible, and that if any portion is held invalid, those provisions not deemed to be invalid shall continue in full force and effect.
3. Participant is aware that this is a release of liability and an acknowledgement of his/her voluntary and knowing assumption of the risk of injury. Participant has signed this document voluntarily and of his/her own free will in exchange for the privilege of participation.
4. If Participant is a minor child, a parent or guardian has signed this waiver and release acknowledging the same risks to their child inherent in dance activities. Participant's parent or guardian also represents that the minor child has the parent or guardian's permission to participate in dance activities at Premiere Dance, Schulberg Enterprises LLC.
5. Signing below is also acknowledgment that the Parent(s)/Guardian(s) will be fully responsible and agree to make one time payments to Premiere Dance Academy, LLC for Participant's dance fees including but not limited to: tuition, costumes, competition fees, tights, shoes, etc. as applicable. Past due accounts may be subject to late fee charges and/or debt collections.

Pursuant to Minnesota Statute § 604.055, this waiver and release does not purport or intend to waive liability for damage, injuries, or death resulting from conduct that constitutes greater than ordinary negligence.

Nothing in this liability waiver and release shall be deemed to grant Participant any warranty as to dance abilities prior to, or after engaging with Premiere Dance, Schulberg Enterprises LLC.

Premiere Dance Academy uses photographs of our dancers for publicity via brochures, website advertisement and news release purposes. I grant my permission for Premiere Dance Academy to use photographs or video clips of my child:

YES _____ NO _____

Participant Name: _____ Date: _____

Parent/Guardian Signature: _____

Printed Parent/Guardian Name: _____