



# SPECIAL NEEDS DANCER APPLICATION

## Dancer Information

Name of Dancer		Home Phone	Agency or Organization that supports Dancer	
Birth Date  / /	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Mobile Phone	How did you hear about us?
Street Address			City, State, Zip	If your billing address is different than your mailing address, please indicate here

**Primary Contact:** This is the person who is primarily responsible for getting you to dance class. This should be who we would contact if there is a class schedule change or cancellation.

Name	Daytime Phone	Evening Phone	
Relationship to Dancer	Mobile Phone	Email Address	
Street Address	City	State	Zip

**Emergency Contact Person:** This would be someone we would contact if we can't reach you or your primary contact person, or in case of a serious emergency.

Name	Daytime Phone	Evening Phone	
Relationship to Dancer	Mobile Phone	Email Address	
Street Address	City	State	Zip

**Health Information:** List any health concerns (including food allergies) and related restrictions we need to know about. This would include any medications that may affect participation in dance related activity. Attach additional pages if necessary. *Please note that this is a partnered dance class and involves physical contact with your partner and, at times, the instructor.*

## Release

I acknowledge that by signing this form I am waiving any right to recourse and agree to hold harmless *Yes, You Can Dance!*, its directors, officers, employees, and agents from damages to property or injuries (including death) to any person(s) and any other losses, damages, expenses, claims, demands, suits, and actions (including attorney's fees) by any other party against *Yes, You Can Dance!* in connection with my participation in any *Yes, You Can Dance!* class, activity, or event.

### Release to be completed by Adult Dancer

I, \_\_\_\_\_, am at least 18 years old and have submitted the attached application for participation in a *Yes, You Can Dance!* program.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in *Yes, You Can Dance!* activities. I also verify that I am able to take care of my own personal care needs. I agree to have a caregiver present during all classes or activities if I am not able to handle personal care needs on my own. I understand that the staff and faculty of *Yes, You Can Dance!* will not assist me with such needs.

*Yes, You Can Dance!* has my permission, both during and anytime after, to use my likeness, name, voice, or words in either television, radio, film, newspapers, magazines, social media, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of *Yes, You Can Dance!* and/or applying for funds to support those purposes and activities.

If, during my participation in *Yes, You Can Dance!* activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize *Yes, You Can Dance!* to take whatever measure are necessary to protect my health and wellbeing, including, if necessary, hospitalization. In any case, the emergency contact provided above will be notified.

I, the applicant named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

\_\_\_\_\_  
Signature of ADULT Dancer

\_\_\_\_\_  
Date

I hereby certify that I have reviewed the release with the dancer whose signature appears above. I am satisfied based on that review that the dancer understands this release and has agreed to its terms.

\_\_\_\_\_  
Signature and Printed Name

\_\_\_\_\_  
Date

Relationship to dancer: \_\_\_\_\_

I certify that I am the parent / guardian of the dancer named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the dancer. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the dancer named above.

I hereby give my permission for the dancer named above to participate in *Yes, You Can Dance!* classes, activities, performances and events.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date