



**Welcome to Showcase Stars!** Please complete this form with as much detail as possible. We will use this information to partner our coaches and friends 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 dancer. 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 dancer'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 friend (assistant) to 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 Friends (assistants) are high school aged volunteers who want to share their love of dance with your dancer. They will typically help with the following areas: help dancers stand, help with focus and following directions, help with safety issues related to stability, encourage verbally and with praise or hugs. If care is needed beyond this level, please meet with us before your dancers class to see how we can work together to appropriately address the needs of your dancer.

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 or professionals 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 dancers as possible.

Your dancer's safety is of the utmost importance. You are encouraged to monitor all activities which your dancer engaged in with Showcase Stars 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 president, and/or Morgan Vogtlin (studio owner) immediately, in writing.

## Release of Liability

By agreeing to allow my child to participate in the Showcase Stars program, I, on behalf of myself and my family members, are hereby releasing the dance instructor, program president and Morgan Vogtlin (studio owner), along with the volunteers 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 foregoing paragraph.

\_\_\_\_\_  
(Signature)

### 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 and/or 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 program. 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 dancer and on behalf of my family members and I am granting permission for my child to participate in all aspects of Showcase Stars.

Signature \_\_\_\_\_ Date \_\_\_\_\_

