



**MOVING MIRACLES**  
DANCE STUDIO

**MOVING MIRACLES**  
**REGISTRATION FORM A-1**

**All information and forms in this packet must be completed and brought with you to the initial screening.**

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Group Home \_\_\_\_\_ Manager/Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address of Contact Person \_\_\_\_\_

Parent or Legal Guardian (circle which) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address of Parent/Guardian \_\_\_\_\_

To assist in ordering costumes, please provide clothing sizes: \_\_\_Pants \_\_\_Shirts \_\_\_Dress \_\_\_Weight \_\_\_Height

**TUITION/PAYMENT:**

Will the person be utilizing self-direction for tuition?      YES              NO

If yes, please provide the name and contact information of the Support Broker and Fiscal Intermediary:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Address to which the invoice should be mailed:** \_\_\_Participant's    \_\_\_Contact Person's    \_\_\_Legal Guardian's

Payment preference for the season (check one):      Monthly              Calendar Year              Full Payment

**I agree to assume responsibility for payment of sessions.** \_\_\_\_\_

Signature / Relationship to Participant

NOTE: The safety of every participant and staff, takes precedence in the studio. If your participant requires additional supports, it is your responsibility to provide the required level of support every week. If a participant demonstrates consistent behavior that is a threat to self or others, it is our policy that he/she will be suspended/dismissed from the program until it can be proven that these behaviors are under control. Also, it is mandatory a parent, caregiver or staff remain in the dance studio facility throughout each session. Thank you for your cooperation in keeping the studio a safe environment for everyone.

Key words/Behaviors/Special Needs that are important for our staff know:

\_\_\_\_\_

**I understand the above and am in agreement with this policy:** \_\_\_\_\_

Signature / Relationship to Participant / Date





**MOVING MIRACLES**  
**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT A-3**

Participant's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

List all pertinent medical information (allergies to food or drugs, special medical conditions):

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

**SELECT ONE:**

**CONSENT PLAN**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize sasi to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant's records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the contacts listed above are unable to be reached.

\_\_\_\_\_  
**CONSENT SIGNATURE**                      **DATE**

**NON-CONSENT PLAN**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of sasi. In the event emergency treatment is required, I wish the following procedures to take place:

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

\_\_\_\_\_  
**NON-CONSENT SIGNATURE**                      **DATE**

**LIABILITY RELEASE:** \_\_\_\_\_ (participant's name) would like to participate in the sasi Moving Miracles dance program. I acknowledge the risks and potential for injury during any portion of the dance program. My participation is voluntary. The dance program does not provide supports or supervision I may otherwise need thus I am always responsible for all my support needs and protections while at the program. I understand the dance program has not made any assessment of my physical or emotional ability to participate. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, waive and release forever all claims for damages against sasi, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in the sasi Moving Miracles dance program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Parent / Guardian / or Self (if over 21, no guardian)

**PHOTO RELEASE:** Denial of agreement to photo consent will result in student being placed in a non-performing class. I hereby consent to and authorize the use and reproduction by sasi, of any and all photographs and any other audio / visual materials taken of me/my son/my daughter/ my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Parent / Guardian / or Self (if over 21, no guardian)





**CLASS PREFERENCE A-5**

**Dancer Name:** \_\_\_\_\_

- Season runs September-May
- Group classes are 45 minutes.
- Solo classes are 30 minutes.

**Please check one:**

- 1 Non-Performing Class (\$660)
- 1 Group Performance Class (\$750)
- 2 Group Performance Classes (\$1,350)
- 1 Group Performance, 1 Solo Performance (\$1,350)
- 1 Group Performance, 1 Solo Non-Performance (\$1,269)
- 3 Group Performance Classes (\$1,890)
- 2 Group Performance Classes, 1 Solo Performance (\$1,890)

**Please select dancer's available days (check all that apply):**

- Monday
- Tuesday
- Wednesday
- Thursday
- Saturday

**Additional Notes:**

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