



Dancer Registration Form

*F.R.I.E.N.D.S. and The F.A.T.E. Center 3884 Roundtree Road Unit #3
Jefferson, MD 21755 \$100 Registration Fee Aug. 12th-16th*

We are pleased to offer this weeklong dance program
and exciting on-stage performance to people with disabilities.

Requirements for Participation (Dancer must meet all of below criteria):

- Minimum of 5 years of age
- Have a diagnosed disability

It is important to consider behavioral issues when evaluating this program. An individual may be physically able to participate, but if their behavior is such that they cannot be persuaded to follow instructions, then it is likely this program will not be beneficial. Individuals with severe behavioral issues may be removed from the program if their actions are potentially harmful to themselves or others at the pool. All safety procedures of the facility must be adhered to.

*****All fields are required. Registration will not be accepted if this form is incomplete*****

Dancer/Family Information:

Dancer Name:	
Dancer Gender (M or F):	
Dancer Date of Birth:	
Dancer Height:	
Dancer Weight:	
Dancer T-Shirt Size:	
Parent/Guardian Name:	
Parent/Guardian E-Mail:	
Parent/Guardian Phone:	
Parent/Guardian Cell Phone:	
Home Address:	
Emergency Contact Name:	
Emergency Contact Phone:	

Disability Information:

Primary Diagnosis:	
Secondary Diagnosis, if any:	

Please provide detailed information regarding the above diagnoses that will help us work with the dancer safely and effectively (box will expand if more room is needed):

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Health Information:

Food or other allergies, if any:	
External medical devices such as prosthetics, hearing aids, any stoma (ostomy-colostomy, ileostomy, urostomy, tracheostomy, G tubes):	
Assistive walking devices such as walkers, crutches, wheelchair:	

Please explain any health/medical conditions or health concerns and any special instructions (box will expand if more room is needed):

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Choose A Session:

Please number each session in order of preference (i.e. 1st, 2nd 3rd).

Session#	Times	Class Description
1	8:30am-9:30am	5-7 year olds
2	10:00am-11:00am	Age 13 & above
3	11:30am-12:30pm	8-12 year olds
4	2:00pm-3:00pm	Age 13 & above
5	3:30pm-4:30pm	8-12 year olds

Payment Information:

Payment of the camp fee is required to process the registration form. Please include check of \$100 payable to F.R.I.E.N.D.S OR complete below Credit card information:

Name on Credit Card:	
Credit Card #:	
Expiration Date:	
Security Code:	

Dancer Information:

This information helps camp staff & volunteers assigned to work directly with the Dancer understand and better serve the individual needs of the Dancer.

Dancer Name:	
Nickname, if any:	
Age at Time of Camp:	
Diagnosis (optional):	

Please place an 'X' in the box that most appropriately describes the Dancer:

Generally speaking, the Dancer....	Yes	Sometimes	No
can communicate his/her needs			
when upset, can manage his/her emotions			
follows simple directions			
cooperates with others			
is comfortable with physical queues/prompts			
responds positively to playful banter			
benefits from use of pictures to convey meaning			
gets frustrated easily			
has trouble staying focused			
gets upset by visual or audio stimuli (eg. bright lights, loud noise)			
gets upset by background noise such as music or talking			
Comments/Additional Information (box will expand if more room is needed):			

Please answer each of the following questions (boxes will expand if more room needed):

1. What strategies do you use to promote positive behavior and/or discourage negative behavior that will enable us to work safely and successfully with the dancer?

2. What are favorite activities, movies, music, hobbies or other interests of the dancer?

3. Does your dancer enjoy music? Please describe.

4. Has your dancer previously attended an iCan Shine program?

Yes No

If yes list program, year(s) and outcome:

5. Has your dancer participated in a dance class or program prior to iCan Dance?
Please provide a brief description of the class/program, where the classes took place,
the organization teaching the class, what year.

Dancer Acknowledgment & Liability Release

Dancer Name: _____

Dancers's Parent/Legal Guardian Name: _____

The undersigned hereby agrees to the following:

1. Assumption of Risk:

I, _____, am the above indicated Dancer's parent or legal guardian and, for myself and on behalf of said Dancer, have fully read the accompanying iCan Dance Registration Form and the related materials made available to me describing the iCan Dance program ("Camp"), and I am aware of, understand, and assume the unavoidable risks of the inherently dangerous activity of dancing, which involves movement and physical exertion that could result in, but not be limited to, severe bodily injury or death.

2. Release of Liability:

In consideration of iCan Shine, Inc. ("iCan Shine"), its affiliates *[insert Host name]*, and *[insert Facility name]* allowing the above named Dancer's and MY participation in the Camp, I, for myself and on behalf of said Dancer, our heirs, administrators, personal representatives or assigns, hereby agree to release, indemnify, hold harmless and discharge iCan Shine, its owners, agents, employees, officers, executives, directors, representatives, affiliates, assigns, *[Insert Host and Facility Names]* and their volunteers, agents, employees, and officers of and from all claims, demands, causes of action, and liability, whether the same be known or unknown, anticipated or unanticipated, even if caused, in whole or part, **BY THE NEGLIGENCE OF ANY OF THE FOREGOING**. I further agree that I shall not bring any claims, demands, legal action and causes of action, against iCan Shine and/or any of the foregoing for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by said Dancer or ME in relation to the facility and/or operations of the Camp, which shall include, but not be limited to dancing or other activity at the facility during the Camp.

3. Indemnification:

If, despite this release, I, the above named Dancer or anyone on said Dancer's behalf makes a claim against iCan Shine or any of the foregoing, I agree to indemnify and hold harmless iCan Shine and the foregoing from any litigation expenses, attorney's fees, loss, liability, damage, or cost that they may incur due to the claim(s) made against iCan Shine and the foregoing related to any of the activities or associated activities outlined above.

Further, I hereby expressly acknowledge that photographs and/or videos of said Dancer could be taken by parties outside the control of iCan Shine and [insert Host and Facility names] in connection with participating in the Camp. I acknowledge that iCan Shine and [insert Host and Facility names] have limited or no control over such activities of third parties and have no control over any editing and/or use of such photos and/or video footage.

Signature of Dancer's Parent/Legal Guardian: _____

Media and Data Collection Release

I give permission for said Dancer to be photographed and/or videotaped and later published in print or electronic media by iCan Shine or [insert Host and Facility names] or third parties acting on behalf of iCan Shine or [insert Host and Facility names]. I acknowledge and agree that photographs and videos may be edited and used in whole or in part as desired for these purposes, and may be produced, duplicated, distributed and used for informational, promotional, or other public purposes. I understand that photographs and videos are not my property and I will not be compensated for them. I understand and authorize the use in writing or otherwise the name or identity of said Dancer.

Signature of Dancer's Parent/Legal Guardian: _____

Submission Instructions:

*Please mail this completed registration form with payment to **Host Address** or e-mail to **Host E-Mail Address**.*