



DEVON CARNEY
ARTISTIC DIRECTOR

ADAPTIVE DANCE

Summer 2021

Office Only _____
enrollment date

STUDENT INFORMATION:

First Name: _____ Last Name: _____ Gender: _____

Preferred First Name (for roster): _____ Birthdate: ____/____/____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Academic School (if applicable): _____ 2020-2021 Grade: _____

PARENT/GUARDIAN 1 INFORMATION:

Name: _____ Relationship to Student: _____

Address (if different from student): _____

City: _____ State: _____ Zip: _____

Email (will be used as primary email contact): _____

Cell Phone (will be used as primary phone contact): (_____) _____

Home Phone: (_____) _____ Work Phone: (_____) _____

PARENT/GUARDIAN 2 INFORMATION:

Name: _____ Relationship to Student: _____

Address (if different from student): _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: (_____) _____

Home Phone: (_____) _____ Work Phone: (_____) _____

ADAPTIVE DANCE SUMMER OFFERINGS (Please select one.)

Ages 3-7

6 week session | \$60
June 8 - July 13

Tuesdays at the Bolender Center
5:45-6:15pm

Ages 8-11

6 week session | \$60
June 8 - July 13

Tuesdays at the Bolender Center
6:30-7:00pm

PAYMENT BY CREDIT CARD

Amount: _____

AmEx Discover MasterCard Visa

Name on Card: _____

Card Number: _____

CVV# _____ Exp. Date: _____

Signature: _____

PAYMENT BY CHECK

Amount: _____

Enclose check
made payable to:
Kansas City
Ballet School

Check #: _____

PAYMENT BY CASH

Enclosed is my cash payment:

Amount: _____



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HEALTH HISTORY

Summer 2021

STUDENT NAME: _____

EMERGENCY CONTACT:

In the event parents/guardians cannot be reached, please contact:

Name (other than parent/guardian): _____ Relation to Student: _____

Emergency Phone 1: () _____ Emergency Phone 2: () _____

DIAGNOSIS:

Please list and explain your child's diagnosis.

ALLERGIES: *Please list all known allergies, including reaction and treatment. If allergy is severe, please provide KCBS with an emergency action plan.*

HEALTH CONDITIONS:

Please indicate any of the following conditions which have applied or currently apply to the student:

- | | | |
|--|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Behavioral/emotional issues | <input type="checkbox"/> Fainting/dizziness | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Gastrointestinal issues | <input type="checkbox"/> Restricted mobility |
| <input type="checkbox"/> Chronic illness | <input type="checkbox"/> Headaches | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Vision impairment |
| Please explain any item(s) checked above: | | <input type="checkbox"/> Other: _____ |

IEP/ILP/SOA PLAN: Please provide KCBS with your child's IEP, ILP or SOA Plan so we can comprehensively serve your child to the best of our ability. Our Dance Therapist and classroom dance instructor will use these to adapt and modify the classroom structure and lesson plans.

MEDICAL INSURANCE: Please provide a copy of the front and back of the student's medical insurance card. If you do not carry insurance for your student, please initial here: _____

FRONT

BACK



DEVON CARNEY
ARTISTIC DIRECTOR

QUESTIONNAIRE

Summer 2021

STUDENT NAME: _____

COMMUNICATION NEEDS:

Your child can communicate with others using:

Speech: (please check all that apply)

- words phrases sentences

Sign Language/Gestures (please check all that apply)

- | | | | | |
|-----------------------------------|------------------------------------|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> good | <input type="checkbox"/> time | <input type="checkbox"/> finished/all done | <input type="checkbox"/> quiet | <input type="checkbox"/> fall |
| <input type="checkbox"/> stop | <input type="checkbox"/> thank you | <input type="checkbox"/> high | <input type="checkbox"/> spin | <input type="checkbox"/> scarf |
| <input type="checkbox"/> stand | <input type="checkbox"/> help | <input type="checkbox"/> low | <input type="checkbox"/> sway | <input type="checkbox"/> other_____ |
| <input type="checkbox"/> sit | <input type="checkbox"/> book | <input type="checkbox"/> fast | <input type="checkbox"/> tip-toe | |
| <input type="checkbox"/> more | <input type="checkbox"/> dance | <input type="checkbox"/> slow | <input type="checkbox"/> sharp | |
| <input type="checkbox"/> bathroom | <input type="checkbox"/> rest | <input type="checkbox"/> loud | <input type="checkbox"/> soft | |

Check box indicating Sign Language Style: ASL Other_____

Your child can understand what others say:

- all of the time with time to process with repetition with visual prompting

Does your child like to:

- | | | |
|--|------------------------------|-----------------------------|
| Be touched: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Receive direct praise: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Play with bubbles: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have a reward for good behavior: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Play with tactile fidgets to help pay attention: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Receive stickers: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Your child is most comforted by: (please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> deep pressure | <input type="checkbox"/> oral motor tasks (i.e. blowing bubbles) | <input type="checkbox"/> tactile fidgets |
| <input type="checkbox"/> verbal prompting before transitions | <input type="checkbox"/> body movement | <input type="checkbox"/> other _____ |

LEARNING STYLE:

Your child benefits when learning from: (please check all that apply)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> visual gestures for directions | <input type="checkbox"/> visual schedule | <input type="checkbox"/> 1:1 support |
| <input type="checkbox"/> extra time for transitions | <input type="checkbox"/> body movement | |

Please provide any other learning styles you have found successful: _____

Does your child follow two-step directions? YES NO

BEHAVIOR MANAGEMENT:

What type of redirecting/behavior management techniques are currently being used at home? Provide phrases you use for different situations if applicable.

Has your child had previous dance or movement-based classes? YES NO

If yes, tell us about their experience with those dance/movement-based classes.

SOCIAL:

Does your child seek peer interactions? YES NO

Does your child benefit from modeling of social interactions? YES NO



WAIVER AND RELEASE

Summer 2021

Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

LIABILITY RELEASE

As the enrolled participant and/or the parent/guardian of the participant, I agree and understand that dance/fitness training is a potentially hazardous activity. I recognize that there are risks inherent in dance training including but not limited to serious physical injury. The participant hereby agrees to participate in activities of the Kansas City Ballet School (KCBS) and hereby agrees to indemnify and hold harmless KCBS, its instructors, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in activities of KCBS.

The participant also agrees to indemnify KCBS for any damages incurred arising from any claims, demand, action or course of action by the participant. The participant authorizes any representative of KCBS to have the participant treated in any medical emergency during their participation in activities of KCBS. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. Any medical/health issues of which the staff should be aware are disclosed on the Health History Form. The parent/guardian will keep KCBS informed of any changes in the participant's health.

PHOTOGRAPHY/VIDEOGRAPHY/SOCIAL MEDIA RELEASE

As the enrolled participant and/or the parent/guardian of the enrolled participant, I authorize Kansas City Ballet and/or its representative, agent or employee to photograph and/or videotape and use any photograph/likeness of me or my minor child for any purpose, including publicity, choreographic archives, promotional materials, KCB social media, and/or any other reason deemed appropriate by the School Director.

I have carefully read the above releases and sign with full knowledge of their content and significance. I have read and agree to abide by all policies and procedures.

STUDENT NAME (please print)

PARENT/GUARDIAN NAME (please print)

PARENT/GUARDIAN SIGNATURE

DATE

Mail, email or drop off completed registration forms, payment, and signed waiver before your first day of classes.

Kansas City Ballet School
500 W. Pershing Road
Kansas City, MO 64118

Phone: 816.931.2299
school@kcballet.org
kcballet.org



WAIVER AND RELEASE

Summer 2021

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The Kansas City Ballet School (KCBS) has created Safety Guidelines for the return to classes and workshops from July 2020 through the 2020-2021 Academic Year. The attached guidelines were prepared in consultation with medical experts, the Center for Disease Control and Prevention (CDC), and state and local officials on the opening of schools, as well as our own research in our particular field for operation, including in consultation with our colleagues from dance schools across the nation.

Kansas City Ballet has put into place these preventive measures in an effort to reduce the likelihood of the spread of COVID-19; however, even if these procedures are strictly followed, KCBS cannot guarantee that you or your child (the "Student") will not become infected by COVID-19.

By signing this release, you acknowledge your child's risk of being exposed to or infected by COVID-19 by attending any class held at the Bolender Center for Dance & Creativity or the Johnson County Campus of Kansas City Ballet School. This exposure may result from the actions, omissions, or negligence of Kansas City Ballet, Kansas City Ballet School, and others, including but not limited to, faculty, staff, and class participants and their families, or from circumstances which are unknown or beyond anyone's control.

READ CAREFULLY AS EXECUTION OF THIS FORM WILL WAIVE LEGAL RIGHTS:

By signing below, you acknowledge that:

I understand that KCBS will try to follow the Safety Guidelines referenced above, but I also understand that I cannot expect perfect compliance. I acknowledge and understand that, even if there is strict adherence to the procedures referenced above, there is still a risk that my child attending the Program can contract COVID-19 while on Kansas City Ballet School premises or participating in Kansas City Ballet School programs. I also acknowledge that due to their physical nature, dance programs may carry a greater risk than other activities of exposure to COVID-19. Even when all reasonable precautions are taken, there is an unavoidable risk of exposure to COVID-19.

I knowingly and voluntarily agree to assume all the risks of COVID-19 and accept sole responsibility of any infection (including but not limited to personal injury, disability, and death) or expense of any kind, that I or my child may experience or incur arising from my child's attendance at Kansas City Ballet School classes and workshops or use of Kansas City Ballet School facilities or other participation in Kansas City Ballet School programs.

In consideration of the acceptance of Student for participation in a KCBS program, Student and his/her assignees, heirs, parents, guardians, and legal representatives hereby voluntarily release, forever discharge, and hold harmless Kansas City Ballet, Kansas City Ballet School, and each of their officers, trustees, employees, faculty, staff, students, agents, representatives, or groups affiliated therewith (collectively "the Kansas City Ballet Releasees") from any liability, claims, or causes of action of whatever nature, arising from or related to exposure to COVID-19 for any reason whatsoever to the fullest extent permitted by law, including without limitation claims based on the actions, omissions or negligence of any of the Kansas City Ballet Releasees or claims arising out of Student's attendance at Kansas City Ballet School classes and workshops or use of Kansas City Ballet School facilities or other participation in Kansas City Ballet School programs.

I acknowledge by signing this release that I have read and understand the KCBS Safety Guidelines and Protocols. I also understand that my assumption of risk and release of claims applies, without limitation, to any COVID-19 infection (whether it occurs before, during, or after participation in classes or workshops or other programs). By signing this document, Student and his/her assignees, heirs, parents, guardians, and legal representatives waive the right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury to Student or Student's property—including his/her death—caused by COVID-19 or COVID-19-related procedures and arising out of his/her participation in classes or workshops or use of Kansas City Ballet School facilities or participation in any program of the KCBS. I also understand that the Student will not be accepted into the program unless this document is signed with acknowledgement of understanding of the risks involved.

In addition, I understand that this release is intended to be as broad and inclusive as the State of Missouri will allow and that if any portion is held invalid, agrees that the balance shall, not withstanding, continue in full force and effect

By signing, I acknowledge and represent that I am authorized to execute the Assumption of Risk and Waiver of Liability with reference to the Students whose name(s) I have listed below. I understand and agree that this Assumption of Risk and Waiver of Liability is applicable to all Students listed, below, and to every Kansas City Ballet School class or workshop or program attended by any such Student after the date I sign this document.

PARENT/GUARDIAN NAME (please print)

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT(S)