



STUDENT & CONTACT INFORMATION:

Student Name _____

Date of Birth _____ Age _____

Address _____

City _____ Zip _____

Parent/Guardian _____

Phone _____

Email _____

DISABILITY/SUPPORT NEEDS:

☐ Wheelchair ☐ Walker ☐ Cane ☐ Balance concerns ☐ Limited range of motion

Sensory sensitivities: ☐ Loud music ☐ Bright lights ☐ Touch ☐ Certain sounds

☐ Other _____

PLEASE PROVIDE ANYTHING THAT WOULD BE USEFUL FOR THE INSTRUCTOR TO KNOW:

PARENT/GUARDIAN ACKNOWLEDGMENT

I understand that dance and movement activities involve physical activity. I have provided accurate information about my child's needs, limitations, and safety considerations.

Parent/Guardian Signature: _____ Date: _____