

Grace in Motion

Contact Information

Dancer Information

Dancer's Name _____

Date of Birth _____ Age _____ Cell Phone _____

Email _____

School Attending _____ Grade _____

Dance Experience (Please list years, styles, and studio attended)

Guardian Information

* _____

Cell Phone _____

Email _____

Address _____

* _____

Cell Phone _____

Email _____

Address _____

Emergency Contacts

Parents will be contacted first. Please list additional contacts here.

Name _____ Cell Phone _____

Relation to Student _____

Name _____ Cell Phone _____

Relation to Student _____

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Release Forms 2024-2025

Dancer & Parent Expectation Contract

I have read what the expectations of a dancer and a parent are for Grace in Motion, School of Dance. I understand and agree to abide by these expectations and understand that not meeting these expectations could result in consequences or removal from the school.

Dancer's Signature _____ Date _____

Parent's Signature _____ Date _____

Medical Release

Grace in Motion, School of Dance takes the safety of its dancers seriously. Dancing is a physical activity and can result in injury. I, the parent/guardian, understand that the art of dance may result in injury and that Grace in Motion, School of Dance and Oakwood Christian Church, DBA OAC, are not responsible for any accidents that may happen on the premises before, during, or after class.

Dancer's Signature _____ Date _____

Parent's Signature _____ Date _____

Healthcare Information

Primary Doctor Name: _____ Phone #: _____

Insurance Company: _____ Policy#: _____

Policy Holder's Name: _____

Medical Information (allergies, medications, etc.):

Photo and Video Release

I understand that photography and video recording may be taken while I am on site at the Oakwood Activity Center. I also understand that photography and videography of my child may be used for advertising and promotional purposes as well as dance instructors' portfolios.

Signature _____ Date _____

Sign here to be excluded from advertising media(s): _____