STUDIO 9 SHINE

Adaptive Dance Class - Participant Intake Form

Every Dancer Deserves a Place to SHINE!

PARTICIPANT INFORMATION

Dancer's Name

Preferred Name/Nickname

Date of Birth

Age

Parent/Guardian Name

Phone

Email

Emergency Contact

Emergency Contact Phone

ABOUT YOUR DANCER

Please share any diagnosis, disability, developmental difference, or other information you feel would help our instructors support your dancer:

How does your dancer communicate best?

- ☐ Verbal
- ☐ Limited verbal communication
- ☐ Sign language
- ☐ AAC/Communication device
- ☐ Gestures/visual communication
- ☐ Other

If Other, please describe

Does your dancer have any sensory sensitivities or preferences? Examples: loud music, bright lights, touch, crowds, certain textures.

Does your dancer have any mobility needs or physical limitations we should be aware of?

- ☐ No
- ☐ Yes

If yes, please explain:

Does your dancer use any mobility or adaptive equipment?

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- [ ] No
- [ ] Wheelchair
- [ ] Walker
- [ ] Braces
- [ ] Other

If Other, please describe

HELP US HELP YOUR DANCER SHINE!

What does your dancer enjoy?

What helps your dancer feel comfortable in a new environment?

Are there any behaviors, situations, or triggers we should be aware of?

What is the best way for our instructors to help if your dancer becomes overwhelmed, frustrated, or needs a break?

What would you love for your dancer to gain from SHINE?

MEDICAL & SAFETY INFORMATION

Allergies

Medical conditions or precautions our staff should know about:

Does your dancer have a history of seizures?

- [ ] Yes
- [ ] No

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Are there any activities or movements your dancer should avoid?

Anything else you would like our SHINE team to know?

CLASS PREFERENCE

- [ ] Tuesday | 7:00-7:30 PM
- [ ] Friday | 3:30-4:00 PM
- [ ] Either class works for us

CAREGIVER PARTICIPATION

During class, I plan to:

- [ ] Observe from the studio/waiting area
- [ ] Participate with my dancer
- [ ] Allow my dancer to participate independently when appropriate

EMERGENCY AUTHORIZATION

In the event of an emergency, I authorize Studio 9 staff to contact emergency medical services when necessary. I understand that I am responsible for providing accurate information regarding my dancer's medical, physical, behavioral, and support needs.

Parent/Guardian Signature (type full name) Date

PHOTO & VIDEO PERMISSION

Studio 9 may occasionally take photographs or videos during SHINE classes for studio memories, social media, and promotion of the adaptive dance program.

- [ ] YES, I give permission for my dancer to be photographed/videoed.
- [ ] NO, I do not give permission for my dancer to be photographed/videoed.

Parent/Guardian Initials

THANK YOU!

Thank you for trusting Studio 9 with your dancer. Our goal is to create a welcoming environment where every participant feels supported, encouraged, included, and celebrated.