



Thomas Armour Youth Ballet
Summer Registration Form 2020



Child's Last Name _____ First _____ Middle Name _____

Child's Date of Birth (MM/DD/YYYY) Child's Gender Male Female

Miami-Dade County Public Schools ID # No M-DCPS ID #

Child's current school _____

Is your child proficient in English? Yes No

Other language(s) spoken in your home Spanish Haitian Creole Other: _____ None

Street Address _____ City _____ Zip Code _____

Child's ethnicity Hispanic Haitian Other, please specify: _____

Child's race (select only one) American Indian or Alaskan Asian Black or African-American
 Pacific Islander White Other Multiracial

Child's current grade

Does child have health insurance? (ex., private insurance, KidCare, Medicaid) Yes No
(If not, we may be able to help you find affordable coverage – call 211 or visit
www.thechildrenstrust.org/parents/health-connect/insurance.)

Child's primary caregiver (full name) _____

Primary caregiver email address _____

Primary Phone Number Is this a cell/mobile phone? Yes No

(Please note that The Children's Trust may contact you via postal mail, email and/or text to ask about your satisfaction with these services, and to make you aware of other Trust-funded programs, initiatives and events you may be interested in.)

We want to get to know your child better so that we can provide the best possible experience in our programs. Please tell us more about your child...

What are the main ways in which your child communicates? (Mark all that apply)

- Speaks and is easily understood
- Speaks but is difficult to understand
- Uses communication devices like pictures or a board
- Uses gestures or expressions like pointing, pulling, smiling, frowning or blinking
- Uses sign language
- Uses sounds that are not words like laughing, crying or grunting

What, if any, help does your child receive at this time? (Mark all that apply)

- Behavioral therapy or services
- Counseling for emotional concerns
- Daily medication (not including vitamins)
- Occupational therapy (OT)
- Physical therapy (PT)
- Special education services in school
- Speech/language therapy
- None of the above

What conditions does your child have that are expected to last for a year or more? (Mark all that apply)

- Autism spectrum disorder
- Developmental delay (only if under age 5)
- Intellectual/developmental disability (over age 5)
- Hearing impairment or deaf
- Learning disability (school age)
- Medical condition or illness
- Physical disability or impairment
- Problems with aggression or temper
- Problems with attention and hyperactivity (ADHD)
- Problems with depression or anxiety
- Speech or language condition
- Visual impairment or blind
- None of the above

If you marked "None of the above" on the previous question, please skip the next two questions and sign below. If you marked any other answer on the question above, please answer the remaining questions and sign below.

Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do? Yes No

To support your child's successful participation in this program, in what areas might s/he need extra assistance? No specific help needed

- Holding a crayon/pencil, writing, using scissors or other fine motor tasks
- Sports or physical activities like running or other gross motor tasks
- Managing feelings and behavior
- Academic, learning or reading activities
- Adapting activities to take into account a visual or hearing impairment
- Using assistive device(s) like a wheelchair, crutches, brace or walker
- Personal services like help with feeding, toileting or changing clothes
- Other _____

Please tell us anything else you think it is important for us to know about your child:

If you are interested in other services funded by The Children's Trust, please call 211 or visit www.thechildrenstrust.org. For special needs resources for your child, visit www.advocacynetwork.org or www.thechildrenstrust.org/cwd

I give my permission for this information to be submitted to The Children's Trust for program quality and evaluation purposes. The Children's Trust provides funding for the program.

PARENT/GUARDIAN SIGNATURE _____	DATE _____
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FOR STAFF USE ONLY (MUST BE COMPLETED)

ORGANIZATION _____ SITE _____

POPULATION MEMBERSHIP (check all that apply): Dep Syst Delin Syst

THOMAS ARMOUR YOUTH BALLE, INC.

Release and Waiver of Liability

If participant is under 18 years of age

The undersigned is the parent or legal guardian of the child under the age of 18 named below (the "Participant"), who wishes to participate in the Thomas Armour Youth Ballet, Inc. dance program (the "Program"). In consideration of the Program allowing my child to participate, I hereby agree to indemnify Thomas Armour Youth Ballet, Inc., directors, officers, agents and employees and its owners, managers, promoters, lessees of premises used to conduct the Program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the Program facility or events held at such facility and each of them, their directors, officers, agents, and employees (the "Releasees") and to hold them harmless from any claim or demand on account of injury to or damage suffered by my child as a result of his or her participation, whether on the Program premises or elsewhere.

I acknowledge it is my responsibility to deliver my child(ren) to the Program and to pick up my child(ren) promptly upon the scheduled conclusion of dance class(es). If competing or performing in an offsite event or venue, I assume responsibility for transportation of myself and/or my child(ren) to and from those events and/or venues.

The Program operates a youth dance program and the Participant wishes to participate in the Program. In consideration of being permitted to participate in any way in the Program indicated above and/or being permitted to enter for any purpose any restricted area, I/WE agree as follows:

Name of Participant: _____

Address:

1. I/WE fully understand and acknowledge that:
 - (a) There are risks and dangers associated with participation in Program events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
 - (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
 - (c) These risks and dangers may be caused by the action, inaction or negligence of the Participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named above.
 - (d) There may be other risks not known to us or are not reasonably foreseeable at his time.
2. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named above.
3. I/WE agree to take appropriate precautions for my own safety and that of others when participating in the Program and further agree that, before participating I will inspect the facilities and equipment to be used and will, if I believe anything is unsafe, immediately advise a staff member of that unsafe condition(s) and will refuse to participate.
4. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Thomas Armour Youth Ballet, Inc., including its Releasees from any and all claims, demands, damages, actions, causes of action of any kind or nature whatsoever which may arise in the future any injury, including but not limited to the death of the participant or damage to the property, arising out of or relating to the event(s) caused or alleged to be caused in whole or in part by the negligence of the Program or otherwise.
5. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release and waiver is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
6. On behalf of the Participant, the undersigned executes this Waiver and Release. If, despite this release, the Participant makes a claim against any of the Releasees, the undersigned will reimburse the Releasees for any money which they have paid to the Participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature of Parent/Guardian

Signature

Date

Print Name