



Miracles in Motion

Providing Quality Dance Instruction for People with Special Needs

2022 Summer Dance Camp Registration

Students will have the opportunity to experience many different genres of dance. They will also enjoy a variety of related activities such as theater, music, gymnastics, photography, video, visual arts and much more! Dancers will be provided snacks (please note allergies)

Camp Week 1

July 11-13 / 1:00-4:00

Camp Week 2

July 19-21 / 1:00-4:00

LOCATION:

Welborne United Methodist Church

920 Maybeury Drive, Henrico, VA 23229

TUITION:

\$20 Registration Fee

(\$10 discount if paying with cash or check)

&

\$200 per Camp Week



REGISTRATION

Circle Choice(s): **Camp Week 1** **Camp Week 2** **Both Camps**

STUDENT _____ AGE _____ DATE OF BIRTH _____

PARENT (S) _____

ADDRESS _____

EMAIL _____ GMAIL (virtual only) _____

HOME PHONE _____

CELL PHONE: MOTHER _____ (text? Y / N) FATHER _____ (text? Y / N)

Allergies/Diagnosis or Special Need: _____

Cash or Check payable to: Miracles in Motion

Credit Card Options:

QR Code



Paypal www.miraclesinmotionva.org

OR use Attached form

Mail or Email to:

Miracles in Motion, 1511 Westbury Drive, Henrico, VA 23229

miraclesinmotion07@gmail.com

www.miraclesinmotionva.org

Miracles in Motion, Inc. Policies & Procedures



ATTIRE: Any comfortable shirt, workout shorts, workout pants. Jazz shoes, ballet shoes or barefeet. NO STREET SHOES, JEANS, JEAN SHORTS, SKIRTS, DRESSES.

MASK POLICY: Masks are optional and based on your discretion. Please communicate your needs with our staff. This policy may be changed in the event of changes in COVID concerns and CDC guidelines. We will notify you by email of any changes.

TEMPERATURE CHECKS/ILLNESS: Dancers' temperatures will be taken with a touch less thermometer and they will be given hand sanitizer to use before entering the building. We work with a vulnerable population. Please do not send sick children to class and endanger other students. We will send you home if your child has a temperature or shows signs of illness. In the event your child misses multiple days due to illness, we will be happy to discuss a fair refund or credit to your account. Our priority is the safety of our dancers.

CLASS TIME: We have 3 rooms to utilize. We will break dancers into separate classes based on our class sizes/ages/abilities.

DROP OFF/ PICK UP POLICY: We have a lobby. Parents are welcome to stay but it is not required. Make sure we have your updated contact information and you are welcome to leave once your dancer is in class. ALL dancers MUST be picked up inside the building. We will not allow dancers to leave the studio without a parent. If you prefer for your dancer to meet you in the parking lot, please send a note of your request. We are not responsible for dancers once they have left the building.

STUDIO RULES: Pick up after yourselves and others. Do not leave dancers/siblings unattended in the lobby or restrooms. We pride ourselves on being a studio who respects others and their property. Please help us continue to be excellent tenants of our studios.

I agree with the above policies and procedures. I further acknowledge that Miracles in Motion, Inc. cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, students, volunteers and their families. I voluntarily seek services provided by Miracles in Motion, Inc. and acknowledge that I may be increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures at Miracles in Motion, Inc.

Name of Child/Ward: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed: _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Kim Moncrief/Miracles in Motion

Circle One: Dance Instruction Student Volunteering

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I am aware that dancing and exercises associated with it places unusual stresses on the body and carries with them the risk of physical injury. I understand and accept that risk of injury is possible while participating in athletic activities. I authorize the directors and staff of Kim Moncrief/Miracles in Motion to act according to their best judgment any emergency requiring medical attention. I agree to indemnify and hold harmless anyone associated with Kim Moncrief/Miracles in Motion for all medical or dental expenses incurred as a result of participation in Kim Moncrief/Miracles in Motion activities or programs or use of Kim Moncrief/Miracles in Motion facilities. I hereby acknowledge Kim Moncrief/Miracles in Motion, its staff, or representatives, cannot be held responsible for any injury to myself or my son/daughter. I also understand that this agreement for the duration of time of enrollment.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this activity/event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and event, THE FOLLOWING ENTITIES OR PERSONS: Kim Moncrief/Miracles in Motion, and/or their directors, officers, employees, volunteers, representatives, and agents, activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in the above paragraph from any and all liabilities or claims a result of participation in this activity or event, whether caused by the negligence of release or otherwise. I acknowledge that Kim Moncrief/Miracles in Motion and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific or activity on behalf Kim Moncrief/Miracles in Motion. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____	_____	_____	_____
Print Participant's Name	Age	Signature	Date
		(if under 18 years old, Parent or guardian must sign)	

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

_____	_____	_____	_____
Print Participant's Name	Age	Signature of Parent or Guardian	Date

Photography/Videography Release

Parent's Name _____

Student's Name _____

I give my permission for a representative of Kim Moncrief/Miracles in Motion to photograph and videotape my child during class time and/or any performance that he or may participate in affiliated with Kim Moncrief/Miracles in Motion. It is my understanding that the video and/or photos may or may not be sold or may be used for advertising purposes. I understand all the terms of the release.

Signature _____





One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Miracles in Motion, Inc.** to make a onetime debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Miracles in Motion, Inc.** to charge my credit card

(Full name)

account indicated below for _____ on or after _____.

(Amount)

(Date)

This payment is for

_____.

(Description of goods/services)

Billing Address _____ Phone# _____

City, State, ZIP _____ Email _____

Account Type: Visa MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____

CVC Code _____ (3-digit code on back of card)

SIGNATURE _____ DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.