



Miracles in Motion

Providing Quality Dance Instruction for People with Special Needs

2022 Dancer Registration 6-Week Spring Session

May 3 - June 7, 5 - 6:00pm

C.A.R.A. Therapy

4808 Market Square Lane, Midlothian, Va 23112

\$10 Registration Fee (new students only)

(No Registration fee if paid with Cash/Check)

&

\$150 Six Week Session

Cash or Check payable to: Miracles in Motion

(Credit via paypal www.miraclesinmotionva.org or attached form)

STUDENT _____ AGE _____ DATE OF BIRTH _____

PARENT(S) _____

ADDRESS _____

E-MAIL _____ HOME PHONE _____

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

Allergies/Diagnosis or Special Need: _____

Mail to: Miracles in Motion, 1511 Westbury Drive, Henrico, VA 23229

Contact: miraclesinmotion07@gmail.com / 804-938-2034 www.miraclesinmotionva.org

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Kim Moncrief/Miracles in Motion

Dance Instruction

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

Miracles in Motion, Inc. COVID Precautions & Procedures:

The safety of our students, volunteers, dance families, and staff are our top priority. We want you to know that we are following CDC guidelines to protect your precious children! We ask that you and your family follow the procedures listed below along with any adjustments we need to make throughout the dance season in order to maintain the health and safety of those working and attending class at Miracles in Motion. Procedures will be adjusted as needed per CDC guidelines.

· MASK POLICY: Masks are optional for anyone entering the studio. Please communicate any significant needs with our staff.

Dancers' temperature will be taken with a touchless thermometer and they will be given hand sanitizer to use before entering the studio.

· SOCIAL DISTANCING: Due to the nature of our studio, it is next to impossible to keep most of our dancers 6 feet apart. We will do everything in our power to keep them from touching each other but cannot guarantee social distancing. Teachers have structured classes to try and keep students as socially distanced as possible.

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing masks and social distancing. 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 to reduce the spread while attending classes at Miracles in Motion, Inc.

Name of Child/Ward:

Name of Parent/Guardian:

Parent/Guardian Signature:

Date Signed:



www.miraclesinmotionva.org

Miracles in Motion Policies & Procedures

Dance Attire

SHIRT: MIM T-shirt or any solid colored t-shirt, cami, tank top or leotard.

PANTS: Black sweats, dance pants, leggings, shorts or tights (must be convertible style tights or wear ballet shoes with tights to avoid slipping)

SHOES: There is no shoe requirement. Dancers may wear ballet or jazz shoes or dance barefoot

HAIR: Students **MUST** wear their hair up neatly and out of their face.

NO JEANS, DRESSES, SKIRTS OR JEWELRY ALLOWED! (ballerina skirts are okay)

MIRACLES IN MOTION T-SHIRTS:(\$15) Available for purchase at the studio (limited supply)

All policies for dance attire are created to make the best dance experience possible for your child. Please contact us if there are any specific issues for your dancer that we need to consider. We understand that there can be sensory issues that make certain dance attire impossible to wear.

Studio Rules

Be courteous and follow all rules and regulations in the studio where your MIM class is held along with any performance event we are included in. We want the studios to know how appreciative we are for sharing their studio with Miracles in Motion. Feel free to let the owners know! Our studio is considered a “safe zone”, a place to respect each other's differences. Gossip or disrespect of others belongings or opinion/views will not be tolerated and cause for removal from the studio without refund. In-depth, political and religious conversations should be kept out of the studio. If you would like to have in-depth discussions about either with each other, feel free to go somewhere for coffee :) Everyone should feel welcome in MIM. Help us keep it that way. Thank you!

Dancer Pick up Policy

All dancers must be picked up immediately following their class. Please be on time. Parents who are frequently late to pick up their dancer will be charged accordingly.

Parents **MUST** come into the studio for pick up. We do not allow students to leave the studio without a parent present. We do not provide dancers with assistance to the parking lot.

If you would like your dancer to meet them outside the studio, you must provide written permission (all ages). We are not responsible for dancers once they leave the building.

Inclement Weather/ Teacher Illness Cancellations

Classes are canceled due to inclement weather OR teacher illness only. All cancellations will be emailed and posted on Facebook, Instagram & Twitter.

In the event of a cancellation, we will provide a make-up class. If we are unable to provide a make-up class, we will disperse a refund for the class missed.

School Vacations/Holidays

NONE

Refunds/Drop Policies

Registration is an agreement to pay the tuition in full prior to the season's recital. Miracles in Motion does not provide refunds except for in the case of major illness or exceptional circumstances. Refunds based on outstanding circumstances must have the approval of the Board of Directors.

www.miraclesinmotionva.org

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Miracles in Motion, Inc.** to make a one time 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.

