

EMERALD CITY DANCE EXPLOSION ALL STARS 2024

Every Friday
Oct 18 - Nov 22

Class times emailed once registration is complete!

Registration Form

Dancer's Name _____ Age _____

Dancer's T-Shirt Size (circle one)

Youth Small Youth Medium Youth Large
Adult Small Adult Medium Adult Large Adult X-Large

Parent/Gaurdian Name(s) _____

Email Address _____

Phone Number _____

Information/Registration Drop-in @ ECDE
Friday, Sept. 27th 4:00-6:00pm

Registration forms also accepted by email:
ecdeallstars@gmail.com

**REGISTER
BY OCT 9!**

PLEASE COMPLETE THIS QUESTIONNAIRE
SO THAT WE CAN PROVIDE THE BEST
EXPERIENCE FOR YOU AND YOUR DANCER!



Dancer's diagnosis, medical condition, or learning difference:

Does your dancer use a wheelchair, walker, or orthotics for mobility?

Does your dancer have a history of seizures? _____

If yes, please list any known triggers: _____

Does your dancer experience emotional outbursts? If so, please list any triggers and things that may help calm/soothe during any sensory overload.

What is your dancer's communication ability/style? (i.e. quiet, talkative, shy, nonverbal, impaired speech or hearing, communication device, etc)

Does your dancer have any special personal care needs? (i.e. assistance with toileting, dressing, etc)

Is there anything else we should know about your dancer in order to provide the most fun and safe environment? _____



If your dancer requires any special assistance not listed here, please do not hesitate to meet with us so that we may provide your dancer with a safe and exciting dance class!