



freedom to dance Ministry

2017-2018 Dancer Covenant

Mission Statement:

Teaching, encouraging, & inspiring others to worship God through the use of the movement arts

Vision:

A united body of worshippers sharing our passion for our Savior, Jesus Christ with others

Values:

- True, heartfelt worshiping of God
- Serving the Lord through the movement arts
- Removing personal hindrances to full expressive worship
- Instilling confidence to dance before the Lord
- Dancing and praising by Biblical principles
- Praying for God's will
- Creating loving relationships within our team
- Living and acting by faith in God's Word
- Modeling our lives after Jesus Christ

Dancer Requirements:

- AGES: 4 years old through adult.
- Be prompt to rehearsals and events and sign in on the attendance log.
- Movements must be worshipful and appropriate, must not draw attention to ourselves, and must bring glory to God.
- Dress modestly for all dances to not draw attention away from God. (Legs, stomachs, chest, etc. must be completely covered with looser fitting garments). No tanks or shorts allowed.
- Respect others and strive for unity amongst team members.
- Seek to make new friends within the ministry, especially those who are new to the team.
- Respect worship garments and instruments and use appropriately. Maintain quality. Return promptly any items that are used. Report any damages to leadership.
- Seek approval from Leadership prior to scheduling or dancing in any church service/event or in representing Freedom To Dance in an external function.

Parent/Guardian Requirements:

- Complete the required forms and keep Freedom To Dance informed about changes to contact information or medical conditions.
- Notify leaders when extended scheduling conflicts arise or if the dancer decides to leave the ministry.
- Encourage dancers to share what they have learned during ministry nights.
- A parent must attend with dancers who are five years old or under. They are encouraged to dance alongside their smaller dancer to help him/her learn the movements.
- Volunteer opportunities exist, so please communicate any desire to serve with the leaders.

The Leadership Team will commit to all of the above and will:

- Teach according to Biblical principals of worship dance.
- Be sensitive to the leadings of the Holy Spirit and not bring glory to ourselves.
- Only allow worshipful songs to be danced.
- Be available for you in any way.
- Keep communication lines open.
- Pray for you.

As part of Freedom To Dance, I agree with and will follow this covenant. I will encourage and support other team members. And, I will pray for God's blessings on this Ministry.

Print Dancer Name: _____ Dancer Signature: _____

Parent Signature (if under 18): _____ Date: _____



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2017-2018 Dancer Profile & Emergency Info (Page 1 of 2)

Dancer Name: _____ Date of Birth: _____ Grade: _____ Age*: _____

**If dancer is 4-5 years, a parent is required to remain in the dance room during practice time. It is highly encouraged that a parent dance alongside his/her dancer during this hour to assist in learning movements.*

Parents/Guardian Name(s): _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ Cell Phones: _____

Work Phone: _____ Email: _____

Additional Emergency Name & Phone Numbers (if applicable): _____

Home Church Name, City: _____

HEALTH HISTORY:

Does dancer have any special medical concerns that we should be aware of? Please describe. Include any medications that are being taken or brought to dance. Also, let us know if there are treatments that we should know about (e.g. allergy treatments)

Conditions / Areas of Potential Concern:

Food Allergies:

Reaction / Medical Attention Needed:

Parent Volunteer Information: If you would like to volunteer to help with the

Dance Ministry in any way, please indicate: _____

Dance Experience (Not necessary, but please describe if involved in another dance group):

Please indicate if your dancer feels like s/he could and would be willing to choreograph dance(s) on short notice when necessary: _____

Would dancer be willing and comfortable doing a solo or a duet? _____

Any other information that would be helpful about the dancer: _____



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EMERGENCY INFORMATION

PLEASE READ THE FOLLOWING TWO PARAGRAPHS AND SIGN ONE

In the event that I cannot be reached to make arrangements for emergency medical or dental care for my child, I grant permission for Freedom To Dance leaders to take my child to the nearest hospital or medical or dental facility for treatment for any accident or illness as deemed necessary by the provider. I accept liability for all treatment and ambulance expenses.

Signed: _____

Or – I do not give permission for Freedom To Dance leaders to transport your child (as described above), and instead, I wish the following action to be taken: **Signed:** _____

Insurance Information:

Name of Insurance Company: _____

Policy Number: _____ Group Number: _____

Policy Holder's Name: _____

Primary Doctor: _____ Phone Number: _____

Primary Care Facility: _____

Parent/Guardian

Please complete the above information, read the release, and sign below.

I, _____ (print name), do hereby release Freedom To Dance, its volunteers, sponsoring churches, and other sponsors from responsibility and liability for any injury or illness that my child may sustain while participating in a dance practice or event. In the event of any emergency, I hereby authorize one of the dance ministry leaders or volunteers as an agent for me, to consent to an x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible. **I also give my permission for my child's image to be used** in any Freedom To Dance, promotional material, or slide show (including website).

Signed: _____ Date: _____