

*Queen's*  
**DANCE  
ACADEMY**

RICHMOND, VIRGINIA



**Coach Meka Moore**

804-299-8912

DanceAcademyQueens@gmail.com

# Queen's Dance Academy

Coach Meka Moore - (804) 299-8912

danceacademyqueens@gmail.com

## MISSION

Queen's Dance Academy will assist each child by:

- Boosting their Self-Esteem
- Building Social Awareness
- Teaching Effective Communication, Socialization & Life Skills
- Encouraging Teamwork
- Enhancing Morals & Values based on Trust, Honesty and Integrity
- Demonstrating How to Build Effective Friendships with a diverse array of children and adults alike

ALL THROUGH THE ART OF DANCE!

## VISION

At Q.D.A., we will achieve our mission to motivate the youth of the future by:

Utilizing the art of Dance, to inspire, uplift, support and encourage each child to reach their personal goals with the willingness to try new things, by stepping out of their comfort zones.

Establishing functional skills by planning, organizing and utilizing good decision-making abilities.

Assisting & Encouraging strong academic skills by helping each child achieve age-appropriate educational goals through our mentorship programs.

Boosting Physical Fitness & Awareness by learning the value of self-care and self-worth.

Helping each child expand their perspective on life as their vision grows beyond their backyard.

Encouraging each child to Dream, Think, and Imagine, "That they have to see it, before they see it, or they'll never see it."

Learning to Step out on faith and trusting that "Greater is He that is within me, than He that is within the world."  
I John 4:4

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## **Motto**

### **Our P. E. A. R. L. S**

We are Dancing into our Destiny

We are uniquely made

One of a kind,

We strive to be the best

Knowing that God has given us this chance

Our grades, Our standards, Our heads held high

This is our season

We will not be Denied

We are Beautiful

We are Blessed

We are Strong

And ohhhh yesssss

So Brilliant

We were Born Queens

Royalty are we

No I, No Me, No Excuses, We speak

My sisters, Our strengths, our passion

We won't quite

We Are Queens

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## Queens Rules

- We will always display teamwork, unity, and sisterhood.
- We will be positive and have a "can do" attitude.
- We will not gossip or put other sisters down.
- We will stretch before and after practice.
- We will go to the bathroom before practice.
- We will not sit down during practice unless instructed by the Coach.
- We will not use our cell phones during practice
- We will not chew gum or bring food.
- We will practice at home and be prepared for class even if absent.
- We will label all items with our name.
- We will not wear jewelry during practice or events.
- We will use a deodorant daily

## A Parent's Responsibilities

- Regular attendance is essential for good training, therefore, please do your best to have your child at practice on time every week.
- Please be prompt in picking up your child after class.
- Please label shoes and gear with student's full name.
- Please make sure that your child is properly outfitted for practice and or events.
- Please ensure your child's hair is securely up before practice.
- Please call if your child will not be at practice or an event.
- Please encourage practice at home.
- Please do not bring food or drinks to practice, other than water.
- Please keep students' jewelry and valuables at home.
- Please check your emails or group me regularly for updates.
- Please pay accounts on time. Late fees are issued on overdue accounts.

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## APPLICATION

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male ( ) Female ( )

## PARENT INFORMATION

Mother	Father
Address: _____	Address: _____
Telephone: H. _____ C. _____	Telephone: H. _____ C. _____
Does the child live with you? Are you the Guardian?	Does the child live with you? Are you the Guardian?

Does your child have any physical disabilities?

Yes ( )

No ( )

Unsure ( )

If yes, please specify: \_\_\_\_\_

Any Known Allergies? \_\_\_\_\_

Does the child have a history of respiratory issues?

Asthma ( )

Heart Murmur ( )

Bronchitis ( )

Are any medications given regularly? \_\_\_\_\_

What is the reason for this medication? \_\_\_\_\_

How often is this medication given? \_\_\_\_\_

Any known allergies to Medicine? \_\_\_\_\_

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## ALL ABOUT THE QUEEN

My Name \_\_\_\_\_

Nick Name \_\_\_\_\_

My Date of Birth \_\_\_\_\_

When I grow up I want to Be \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I like to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies/Interest: \_\_\_\_\_

\_\_\_\_\_

My Favorite Color is \_\_\_\_\_

Describe yourself in 3 words

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grade/School \_\_\_\_\_

I am good at \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## **Authorization of Participation in Center Activities**

I HEREBY GRANT PERMISSION for my child \_\_\_\_\_  
\_\_\_\_\_, to use all equipment and participate in all activities of the  
Queens Dance Academy.

I HEREBY GRANT PERMISSION for my child \_\_\_\_\_  
\_\_\_\_\_, to leave the Center premises under the supervision of staff  
members for neighborhood walks or field trips in an authorized vehicle.

I HEREBY GRANT PERMISSION for my child \_\_\_\_\_  
\_\_\_\_\_, to be included in evaluations, photographs and videos  
connected with Queens Dance Academy

Parent/ Guardian name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Emergency Contact Sheet**

In the event of an emergency whom should we contact?

Name/Relationship: \_\_\_\_\_

Address and Telephone#: \_\_\_\_\_

\_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Address and Telephone#: \_\_\_\_\_

\_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Address and Telephone#: \_\_\_\_\_

\_\_\_\_\_

I HEREBY GRANT PERMISSION for any of the persons listed above to pick- up my child  
\_\_\_\_\_, from Queens Dance Academy.

Parent/Guardian name: \_\_\_\_\_ Date \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



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## **Emergency Medical Care Authorization**

I HEREBY GRANT PERMISSION FOR THE Queens Dance Academy

to take whatever steps necessary to obtain emergency care,

for my child \_\_\_\_\_ if warranted.

These steps may include (but are not limited to) the following:

1. Attempts to contact Parent/ Guardian.
2. Attempts to contact the family doctor.
3. Attempts to contact persons listed under emergency information.

If we cannot reach you or your family doctor, we will do any or all the following:

- A. Call another physician or paramedic;
- B. Call an ambulance;
- C. Have the child taken to the Emergency Room of a nearby hospital, by a staff member\*

\*\*\*Please note that any medical expenses incurred for the emergency care of your child will be your responsibility\*\*\*

Child's Primary Physician and Preferred Hospital:

Physician:	Hospital:
Address:	Address:
Telephone:	Telephone:
Allergies:	Medications:

**In case of a life-threatening event requiring Emergency Medical Assistance, you will be notified, and your child will be taken to the nearest Emergency Room.**

Parent/Guardian name: \_\_\_\_\_ Date \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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## Queen's Dance Academy, LLC.

### Dance Participant Liability Waiver and Release Form

As a parent/legal guardian of (list student's name) \_\_\_\_\_, I give my consent for her/him to participate in the programs at Queen's Dance Academy. I understand that participation in dance, tumbling, stretching and other related activities may result in injuries. These injuries may include muscle strains and tears, broken bones, and severe injuries such as permanent paralysis or even death. I am fully aware of the risks and possibility of injury involved in these activities and assume full responsibility for such risks. As a parent or legal guardian, I agree to provide health insurance for my minor child or children, or otherwise guarantee payment of any medical expenses incurred as a result of training, performing, or participating in the activities of Queen's Dance Academy.

I understand that it is this dance academy's intent to provide for the safety and protection of my child or children, and in consideration for allowing the above-named minor child(ren) to participate in activities with Queen's Dance Academy I waive any and all rights or causes of action against Tamika Moore and/or Queen's Dance Academy, LLC for any injuries suffered by my child(ren) and other damages suffered my child(ren) while under the supervision or control of Queen's Dance Academy and its employees and independent contractors. This acknowledgment of risk and WAIVER OF LIABILITY has been read by me, understood completely and signed voluntarily. I am 18 years of age or older. This agreement will remain in effect until written revocation is received.

\_\_\_\_\_

PRINT: Parent/Legal Guardian

Date

\_\_\_\_\_

SIGNATURE: Parent/Legal Guardian

Date