

2018 DANCE EDUCATION TRAINING COURSE APPLICATION

***Applications will not be accepted without
Emergency Medical Release Form and Signed Release Form.
These forms must accompany this application***

PLEASE PRINT LEGIBLY

Name: _____

E-Mail address _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent Cell Phone: () _____ Student Cell Phone: () _____

Date of Birth: _____ Age: _____

***Students must be 15 years of age or older by December 31, 2018.
If student appears younger, they must be prepared to prove their age with a birth certificate.***

Please check one in each column: Please see brochure for explanation of levels

First Year

Student of Member Teacher

Credit Course (*Exams included*)

Second Year

Member Teacher

Non-Credit Course (*No Exams*)

Non Member

Scholarship Recipient

Member Teacher: _____

Name of Studio: _____

Address: _____

City: _____ State: _____ Zip: _____

Dance Studio Telephone: () _____

Home Telephone: () _____ Cell Phone Number: () _____

E-Mail Address _____

APPLICANT

I _____ have read, understand and agree to abide by the information, guidelines and requirements stated in this brochure. I understand that deviation from standard acceptable behavior will result in being dismissed from DETC. I understand that DTCB/AS, DETC, the organizers, instructors and the event site are not liable for personal injury, or loss of, or damage to personal property.

Applicant's signature required

Date

PARENT/GUARDIAN

I _____ on behalf of the applicant registering for DETC, have read and agree to abide by the information, guidelines and requirements stated in this brochure. I agree to release DTCB/AS, DETC, the organizers, instructors and the event site from any and all claims in the event of personal injury sustained or property lost during the event.

Parent/Guardian signature required

Date

DTCB MEMBER TEACHER

I _____ recommend the above applicant for participation in DETC. I have read, understand and agree to abide by the information, guidelines and requirements stated in this brochure. I agree to release DTCB/AS, DETC, the organizers, instructors and the event site from any and all claims in the event of personal injury sustained or property lost during the event.

Member Teacher's signature required

Date

PRE-REGISTRATION IS REQUIRED - REGISTRATION DEADLINE JUNE 1, 2018

Registration Fee: \$35.00

Tuition Fee:

Faculty/Student Luncheon \$33.00

Production:
Second Year Girls: \$35.00 General Size P S M L

Total Enclosed: (\$35 late fee required if registering after June 1)

- Registration fee is non-cancelable, non-refundable.
- Tuition fee is non-refundable except for reasons due to illness, death, or unforeseen acts of nature. No refunds will be given after July 9, 2018. The Registration Fee is not refundable.
- Applications will be accepted only if accompanied by REGISTRATION AND TUITION PAYMENT IN FULL.
- Only ONE check or money order will be accepted from the member teacher/dance studio for registration and tuition. INDIVIDUAL CHECKS FROM STUDENTS WILL NOT BE ACCEPTED. Teachers: Please collect all student applications and fees. Please submit one studio check or money order.
- A late fee of \$50 is charged for registrations received after June 1, 2018.

**Return Form To Member Teacher:
Member teacher return all forms and one check before June 1st to:
Debbie Lamontagne,
100 Belmont St.
N. Andover, Ma 01845**

DETC Emergency Medical Release Form

Student Name: _____

Emergency Contacts

Parent Name: _____ Phone: _____

Parent Name: _____ Phone: _____

Please note: Parents will be called first. If parents cannot be reached, please provide the name and phone number of 2 other persons who may be called in the event of an emergency:

1. _____ Phone: _____

2. _____ Phone: _____

Doctor Information

Preferred Doctor Name: _____ Phone: _____

Preferred Dentist Name: _____ Phone: _____

Medical Insurance Information

Medical Insurance Provider: _____ Phone: _____

Address, City, State, Zip: _____

Medical Insurance Policy Number: _____

Policyholder Name: _____

Place of Employment: _____

Medical Information

Does the student have any allergies? Yes No

If yes, please list the allergen and reaction: _____

Please list any medications your child is taking and why (including inhalers):

Please list any health problems, surgeries or illnesses which may affect your child's participation in DETC:

Student Name: _____

I/We, the undersigned, are the parents having legal custody, or the legal guardian of the above listed student, and have given our consent for him/her to attend the 2018 Dance Training Education Course. In the event he/she is injured while attending DETC and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician.

In the event treatment is called for, which a physician and /or hospital personnel refuses to administer without my/our consent, I/we hereby authorize a DETC Staff member to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call.

In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the person named above at the time of Dance Training Education Course, August 9, 2018 thru August 11, 2018

Parent/Guardian signature	Relationship to Student	Date
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Cell Phone _____

Home Phone _____