

2020 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, 2020
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

Teacher: _____

Name of Studio: _____

Address: _____

City: _____ State: _____ Zip: _____

Dance Studio Telephone: () _____

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

E-Mail Address _____

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:

