

**Danceartists Summer Intensive**  
August 2nd to August 13, 2021 Monday to Friday  
52 Sth Quinsigamond Ave, Shrewsbury Ma 01545  
In-Person and Virtual choices

*Danceartists Master Faculty:*  
*Joanna Duncan, Francoise Voranger, Nikki Ortiz*

*2 week Dance program is created to extend the keen Dancers abilities.*

*Open Classical Ballet / Contemporary / Hybrid Conditioning & Flexibility  
Yoga / Jazz / Character / Repertoire / Variations / Choreographic Composition /  
Music as applied to Dance / Mime and Acting / Anatomy & Dance Theory*



**Danceartists Junior Dancer's Summer Intensive**

**9.00am to 11.30am August 2 to 13**

Week 1 Aug 2 to 6  
Week 2 Aug 9 to 13

*In person maximum acceptance 8 students per level  
Virtual student acceptance 10 students*

*Please fill in Page 2/3/4/5 and return to [admissions@danceartistsballetacademy.com](mailto:admissions@danceartistsballetacademy.com)  
Or mail to us at our head office 14 Paige Hill Rd., Brimfield Ma 01010  
Limited Private Coaching available on Saturdays open to students attending the full course.*

All specialist Summer Intensive Training Program prices are calculated on minimum tuition scales to cover the running costs of Danceartists Summer Intensive both In-Person and Virtual.

## Danceartists Junior Summer Intensive Registration

52 Sth Quinsigamond Ave, Shrewsbury 01545

Daily Monday to Friday

### Please Circle selected

Week 1 Aug 2 to 6 \_\_\_\_\_ \$300.00

Week 2 August 9 to 13 \_\_\_\_\_ \$300.00

Please circle selection In-Person Yes No Virtual Yes No

\*Please note if State or Federal Governments require a Lockdown at any time during our Summer Intensive our Summer Intensive will move online for that duration.

*Please note that as this is a structured Ballet Program with advancement each week, only consecutive weeks from and including week 1 are available.*

*In person maximum acceptance 8 students per level*

*Virtual student acceptance 10 students*

*Student*

*Name* \_\_\_\_\_

*Dob* \_\_\_\_\_ *Address* \_\_\_\_\_

*Dancers Level*

\_\_\_\_\_

*Hour training per week* \_\_\_\_\_

50% non refundable deposit on registration and all forms to page 5 filled out and returned to [admissions@danceartistsballetacademy.com](mailto:admissions@danceartistsballetacademy.com) or mailed to Danceartists Main Office 14 Paige hill rd Brim-field Ma 01010 to secure Registration. If places are filled to maximum deposit will be refunded.

Payments can be made by Check, Cash, Credit Card or  
Paypal: [danceartistsmanagement@gmail.com](mailto:danceartistsmanagement@gmail.com)

# Danceartists Ballet Academy Contact Form

Student Name: \_\_\_\_\_  
Last First Middle

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_ Other \_\_\_

## PARENT Information

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

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

\_\_\_\_\_ City State Zip City State Zip

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Emergency Contact other than parents: \_\_\_\_\_

Phone: \_\_\_\_\_

# **Danceartists Summer Intensive Medical Form 2021**

Confidential information to help us help your child in case of any medical emergency.

Students Name: \_\_\_\_\_

Is your child allergic to any of the following?

Yes  No

If yes, please circle.

Penicillin, peanuts, other nuts, bee stings, wasp stings, milk, lactose, melons, wheat, gluten, yeast, latex, fragrance, pseudoephedrine (as in sudafed, etc.)

Other, including trees, plants, foods, and medications, foods

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Does your child have an EpiPen? Yes No

Does your child have asthma? Yes No

If yes, do they take asthma medication?

Yes No

If yes, do they bring their asthma medication with them to class? Yes No

Please state any existing medical conditions/injuries:

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Children with fever must stay at home.

Family Physician & Phone Number:

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In case of medical emergency and in my absence, I give my permission for Danceartists staff to act on my behalf to obtain medical treatment for my child.

Parent name and signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Danceartists Ballet Academy Liability Waiver and Acknowledgment of Risk

REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE Page 4

I /we \_\_\_\_\_ (print names) understand and agree that in participating in any dance movement class, workshops, rehearsal or performance, in person or online class there is a possibility of physical injury or death. I hereby certify that I have been advised to consult with a physician before participating in any such program, and I further certify that I know of no medical problems that would increase my child's risk of illness or injury as a result of participation in programs offered by Danceartists Ballet Academy. I understand that it is my responsibility to inform the manager or designated staff member of any changes in my child's medical condition. Upon notification to the manager or designated staff member of a change in my child's medical condition, the staff will determine whether or not a change in my or my child's program is warranted. I further understand that it is my responsibility to report immediately to staff members any signs or symptoms of discomfort and/or distress during or following a class.

I voluntarily agree, and therefore, assume all risks and responsibility for any such injury or accident which might occur to me or my child \_\_\_\_\_ (print name ) during any of Danceartists Ballet Academy/ Danceartists Management studio classes, online classes, rehearsals, performances, or activities. I also exempt, release, and indemnify Danceartists Ballet Academy/Danceartists Management, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Danceartists Ballet Academy, Danceartists Management and its faculty. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Danceartists Management, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I am signing this waiver for my child/children, I certify that I am the parent or legal guardian of \_\_\_\_\_ and have the authority to waive these rights.

Permission is granted to Danceartists Ballet Academy/Danceartists Management to use dance photographs of \_\_\_\_\_ (print students name) for publicity purposes.

I agree to abide by the social distancing, hygiene and health regulations as stated at <https://www.mass.gov> and the individual Health regulations set by Danceartists Management / Danceartists Ballet Academy and US Federal Government. I pledge to not knowingly attend classes if I or my child are sick or have a fever. I agree that in the case of a positive Covid 19 test Danceartists will continue classes online for 14 days and resume in person after the 14 days and that the decision is at the discretion of Danceartists Management.

I agree that, in the case of lockdown Danceartists Classes will transfer to online training following State, Federal and Danceartists Business guidelines. I understand that these decisions are for the safety of all Danceartists Students, their Families and Danceartists Faculty and staff.

The signing of this form constitutes a contract for lesson tuition and associated costs for Danceartists Summer Intensive 2021. I /We have read completely, understood fully, and agree to abide by all of Danceartists Ballet Academy Code of Conduct, School Policy and Financial policy. I have read, understand, and agree to be bound by the above. I understand that Danceartists Ballet Academy reserves the right to refuse service.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*\*If student under 18, parents or legal guardian must sign

For: \_\_\_\_\_ ( Name of Student )