

DANCEARTIST'S BALLET ACADEMY

www.danceartistsballetacademy.com

2021 Advanced Dancer's Summer Intensive

In-Person and Virtual selection

4 weeks August 2nd to August 27, 2021 Monday to Friday

at Danceartists Studios

52 Sth Quinsigamond Ave., Shrewsbury Ma 01545

admissions@danceartistsballetacademy.com

Your opportunity to train with Danceartists' Master Faculty:

Joanna Duncan, Francoise Voranger, Nikki Ortiz, Rick Tjia, Tina Marshall, Heather Christensen

Our Exclusive structured 4 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

Advanced Dancer's Summer Intensive August 2 to 27 - 1.30pm to 6.00pm

In-Person maximum acceptance 8 students per level

Virtual student acceptance 10 students



1 week Aug 2 to 6

2 consecutive weeks Aug 2 to 13

3 consecutive weeks Aug 2 to 20

Advanced Dancer's Summer Intensive Registration form

To completed Registration, forms 2 / 3 / 4 / 5 must be completed and returned to admissions@dancertistsballetacademy.com or mailed to Danceartists Main Office 14 Paige Hill Rd, Brimfield 01010 with 50% non refundable deposit.

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Danceartists Ballet Academy Studio

52 Sth Quinsigamond Ave, Shrewsbury 01545 Ma

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Please circle selection

1 week Aug 2 to 6 _____	\$ 500.00
2 consecutive weeks Aug 2 to 13 _____	\$ 950.00
3 consecutive weeks Aug 2 to 20 _____	\$1,400.00
4 consecutive weeks Aug 2 to 27 _____	\$1,800.00

Student name _____

Address _____

Dob _____ Phone _____ Email _____

Dance Training Level _____

Hours Trained per week _____

Years on Pointe _____

Payments are accepted by Check, Cash

Venmo @Danceartists

Paypal danceartistsmanagement@gmail.com

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.

DANCEARTIST'S BALLET ACADEMY

Summer Intensive Registration 2021

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: _____

Summer Intensive Medical Form 2021 / 2022

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

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:

Children with fever must stay at home.

Family Physician & Phone Number:

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: _____

Parent name and signature:

Danceartists Ballet Academy

Liability Waiver and Acknowledgment of Risk

Danceartists 52 Sth Quinsigamond Ave., Shrewsbury 01545

14 Paige Hill Rd, Brimfield Ma
www.danceartistsballetacademy.com

REGISTRATION IS INCOMPLETE WITHOUT SIGNATURE

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 /or Danceartists Business safety 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)