



REGISTRATION FORM

Please complete:

Personal Information:

Last Name: _____ First Name: _____ Age: _____ Birth date: _____ Male Female

U.S. Citizen: Yes No If no, which country? _____ Resident Alien? (green card holder) Yes No

Current Address: _____ City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Email: _____

Permnt' Address (if different from above): _____ City/State/Zip: _____

Parent/Guardian Information (if under 18 years of age):

Name: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: (_____) _____ Business Telephone: (_____) _____

Emergency Contact Information:

Name: _____ Relationship: _____ Tel: (_____) _____

TUITION

Registration for the Festival is on a rolling-basis. **Participation in the program is only guaranteed if tuition has been paid in full.** Students will not be admitted to class until all fees are paid and a current Health Form signed by a physician has been submitted. Download the full registration at www.nyide.com.

SELECT YOU SPECIFIC PROGRAM:

NY Summer Dance Intensive

- Full Session Only \$1,500 Half Session Only \$1,100 Teacher's Seminar \$1,900
- MT or RMF Certification - \$1,500 Choreographic Apprentice - \$1,600 Choreographic Residency - \$1,900

NYDF HOUSING: **YES!** I am in need of housing during the Festival. **No,** I don't need housing

The cost for housing is \$550 for one week and \$750 for two weeks. Meal are **not** include! (A \$300 deposit for the room and \$300 non-refundable tuition payment for the Festival is required. After March 30th, full tuition is required to register.) Housing is available on a first come, first serve basis. **Host Family** **Dorm** **Hotel**

IF YOU HAVE QUESTIONS ABOUT HOUSING, PLEASE DIRECT ALL QUESTIONS TO:

info@nyide.com or nyidance@gmail.com

FORM OF PAYMENT (You must check one and fill in required information)

- Enclosed is my check for \$ _____ Enclosed is my housing check for \$ _____ made payable to NYIDE
- Please charge \$ _____ to my: VISA MasterCard

Card Number: _____ Ex. Date: _____ 3 digit V-code: _____

Name as in Card: _____ Signature as on Card: _____

Scan and email form and payment to: info@nyide.com

To speak with someone call: 315-252-0350

- ***** YOU ARE REQUIRED TO ADDITIONALLY FILL OUT:
- 1 Medical Release Form
 - 1 Consumer Statement of Understanding
 - 1 Dress Code Form
 - [Download all at www.nyide.com](http://www.nyide.com)

Dance Training History: Current Dance Studio/School:

Name			
Address			
Years in Attendance	19__ to 19__	# of classes Weekly	
Techniques Studied			

Former Dance Studio/School:

Name			
Address			
Years in Attendance	19__ to 19__	# of classes Weekly	
Techniques Studied			

College/University:

Name					
Address					
Years in Attendance	19__ to 19__	Degree (BA/BS)		Yr Received/ Expected	
Techniques Studied					
Dance Academics Studied					

Have you studied at New York Dance Festival before? No Yes

If so, when _____ If yes, which program? _____



Even the faculty take class at the Festival, so everyone can see, there's no thing as a mistake.

CONSUMER STATEMENT OF UNDERSTANDING

REFUND POLICY

Deposits and tuition are non-refundable. Deposits will be applied toward the tuition cost. If you are not accepted into the program due to lack of space, your money will be refunded. There are absolutely NO tuition REFUNDS. It is the responsibility of the participant or parent (payee) to make sure that the participant is using the program to his/her best interest. Applications will be reviewed promptly and on a rolling basis.

WAIVER AND RELEASE

I hereby agree to participate in the New York Dance Festival given by the Kaleidoscope Dance Theatre, New York Institute of Dance and Education, it's officers, directors, employees, and agents (herein called the "Company") upon the understanding and conditions that :

1. I represent to the Company that I am physically capable of participating in a vigorous cardiovascular exercise program and that, to the extent necessary in light of my prior health history, weight and general physical conditions, I have consulted with my personal physician or other health authority before making such representation.
2. I recognize the risk of illness and injury inherent in any dance or exercise program and I am participating in the Company's program upon the express agreement and understanding that I am hereby waiving and releasing the company from any and all claims, cost, liabilities, expense or judgments, including attorney's fees and court cost (herein, collectively "claims") arising out of my participation in the Company's programs or any illness or injury resulting there from. I hereby further agree to indemnify and hold harmless the Company from and against any and all such claims except claims proximately caused by the gross negligence or willful misconduct of the Company.
3. I agree to inform the company before participation in any of its programs of any change in my physical condition which might in any way adversely affect my ability to participate in the program safely. I hereby execute and deliver this waiver and release to induce the Company to permit my participation in this program.

PLEASE SIGN BELOW

The placing of one's signature below also acknowledges approval for possible use of the registered student's name, photo or image in promotional material including but not limited to newspapers, television, advertisement, and other columns.

Student Signature

Date

If Student is Under 18:

I affirm that I have read the above New York Dance Festival Consumer Statement of Understanding, and that I am the legal guardian financially responsible for any outstanding balances unless otherwise requested in writing by me and signed by the designated payee below:

Parent/Guardian's Signature

Date

Mail all materials to:

Lorienne Beals, Director of Services
New York Institute of Dance and Education
Box 1101, 93 North St.
Auburn, NY 13021

*New York Dance Ensemble members
Jerami Kipp and Anne Hubben in
Gershwin Suite Movement #4*





Medical Release Form

Student Information (Print clearly and keep a copy of this form for your records.)

Date _____

Student's Name: _____
Last First Middle

_____ Female _____ Male _____ Single _____ Married

Date of Birth: _____
(Month / Day / Year)

Address:

_____ Street Name and number apt. #

_____ City State Zip Code

Home Phone Number: _____

Parent's Name: _____

Parent's Address: _____
Street Name and number apt. #

_____ City State Zip Code

In Case of Emergency Notify: _____ Phone: _____

Relationship to you: _____

Medical History

List any medical conditions you have including asthma, high or low blood pressure, heart conditions, allergies etc.

List medications that you take regularly. Please include birth control pills, vitamins and minerals.

(We recommend that you bring what you anticipate needing, or a written prescription from your physician.)

Nonprescription: _____

Prescription: _____

List any allergies or reactions you have had to medications and when:

Medication	Reaction	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any allergies or reactions you have to foods, molds, pollens, animals, insects, etc.

List any physical or dance related problems you have including injuries, bone, joint, or muscular disorders, etc.

Have you ever been hospitalized? No _____ Yes _____ (If yes, please specify & include date(s):

Physical illness _____

Injury _____

Surgery _____

Psychiatric _____

One's emotional life often has an effect directly or indirectly, on one's physical health, such as symptoms of stress or mood changes. Please provide information about any psychological or emotional matters which could affect your physical health, and about which our staff should be aware. _____

Have you been vaccinated for the following: Chicken Pox _____ Measles _____

Do you have any religious beliefs affecting any aspect of your health care about which our Office should know?
Yes _____ (if yes please specify below) No _____

Health Insurance Information

Do you currently have health insurance coverage? Please provide information below.

Health Insurance company _____ Dates of coverage _____

(please include a copy of your health insurance card or other confirmation of insurance)

Please list your doctor's information below (include any health care providers in addition to your primary care physician, including chiropractors, physical therapists, etc.)

Primary Physician' name _____

Address _____

Telephone _____

Other health-care provider(s) _____

Telephone #(s) _____

I, _____, **confirm that the information above is correct and true**

Student's Signature

Date

I confirm that the above named student is physically able to take part in a rigorous dance program.

Doctor's signature (required)

Date

DRESS CODE - DANCE CLASSES

At New York Dance Festival, the following attire is required of Dance Intensive students:

WOMEN

- Leotard:** black
- Tights:** black or pink
- Ballet Shoes:** pink
- Pointe Shoes:** pink (for advanced levels only)
- Tap Shoes:** required for tap classes
- Jazz shoes, sneakers or flexible jazz boots:** required for jazz classes
- Hair:** If long, it must be pulled back into a bun and pinned securely away from the dancer's face and neck. If short, it must be too short to be tied or pinned back. Underarm hair, bangs, hanging or loose hair styles are not allowed.

Undergarments must be neatly concealed under dance clothes (brassiere straps must be pinned to leotards).

MEN

- Leotard:** white or black tank or cap sleeved
- Tights:** black
- Ballet Shoes:** black or white ballet shoes
- Tap Shoes:** required for tap classes
- Jazz shoes, sneakers or flexible jazz boots:** required for jazz classes
- Dance belts:** must be worn in all classes and rehearsals
- Hair:** All hairstyles must be short and neatly cut without designs; braids, ponytails and buns are not allowed. Beards and hanging or loose hair are not allowed.

These items ARE NOT allowed in class:

Big shirts, head scarves, dangling jewelry, facial rings of any kind; earrings and nail polish on men; chewing gum. Tattoos must be made invisible with make-up for all performances, studio showings and lecture demonstrations.

As a reminder, dance-wear should be washed daily.

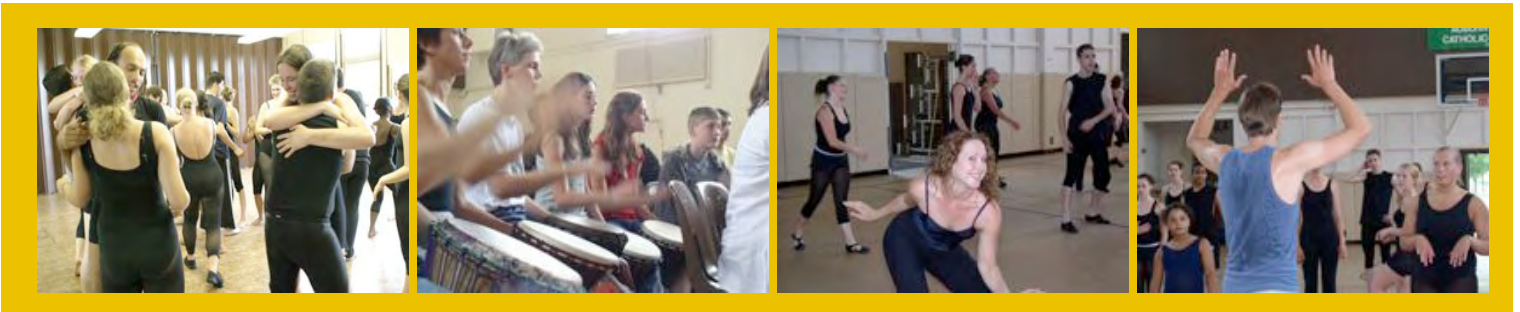
Students who are not in compliance with ANY aspect of the Dress Code will be asked either to observe or to leave class.

AGREED: _____
Student's Signature

Student's name (Print)

Parent's Signature(if under 18)

Parent's name (Print)



The New York Dance Festival...the next step is yours!