



REGISTRATION FORMS
Summer 2022

Please check the program and all weeks you are registering your dancer for:

- débuter intensive (\$400/week except week 1 at \$300)
 - week 1 (3 day week- Tuesday, July 5 - Thursday, July 7)
 - week 2 (Monday, July 11 - Thursday, July 14)
 - week 3 (Monday, July 18 - Thursday, July 21)

- pre-program (\$200/week)
 - week 1 (Monday, July 25 - Thursday, July 28)
 - week 2 (Monday, August 1 - Thursday, August 4)

- modern intensive (\$650/week)
 - week 1 (Monday, August 1 - Friday, August 5)
 - week 2 (Monday, August 8 -Friday, August 12)

Student Name _____

Gender _____ Pronouns _____ Date of Birth _____ Age _____ Grade in fall _____

Home Address _____ City _____ State _____ Zip _____

Parent/Guardian 1 Name _____ Relation to student _____

Parent/Guardian 2 Name (if applicable) _____ Relation to student _____

Parent 1 Cell Phone _____ Parent 2 Cell Phone _____

Parent 1 Email _____ Parent 2 Email _____

Please confirm the following:

I have read the parent resource page on the website (password developpe):

Yes. I have read the parent resource page.

I have completed the following forms:

Student Health Form

Waiver

Photo/Video Release Form

I will pay the following registration fee and deposit to hold my student's space at développé evolving dance education for Summer 2022:

Registration Fee \$50

Deposit due June 1, 2022

débuter intensive- \$100

pre-program- \$50

modern intensive- \$175

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date _____



STUDENT HEALTH FORM
Summer 2022

Level/Track: d  buter intensive pre-program modern intensive

Student Name: _____ DOB: _____

Gender _____ Pronouns _____ Date of Birth _____ Age _____ Current Grade _____

Home Address _____ City _____ State _____ Zip _____

Emergency Contact 1:

Name: _____

Phone Number: _____

Relation to Student: _____

Emergency Contact 2:

Name: _____

Phone Number: _____

Relation to Student: _____

All questions are to better assist d  velopp   educators in the health, wellness and growth of your dancer. No dancer will be denied program acceptance based on the following information.

Medications?

Allergies?

Past or current injuries?

Past or current diagnosis or concerns about eating disorders or body image?

Other underlying health conditions or concerns?

Is your dancer fully vaccinated for COVID-19? YES NO

Is there anything else regarding your dancer's mental or physical health développ  educators should know in order to best assist your dancer in their time studying at développ ?

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date _____



MINOR (CHILD) PHOTO/VIDEO RELEASE FORM
Summer 2022

Student Name: _____ DOB: _____

I, _____, the parent or legal guardian of _____ [Child] grant développ   evolving dance education my permission to use any photographs or videos taken while participating in conjunction with the school for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date _____



SUMMER AUDITION FORM

Auditioning for: d  buter pre-program modern intensive

Student Name _____

Gender _____ Pronouns _____ Date of Birth _____ Age _____ Current Grade _____

Home Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Relation to student _____

Parent Cell Phone _____ Parent 1 Email _____

How many years have you been dancing? _____ Hours per week? _____ Years en pointe? _____

Where have you most recently studied dance?

Any current or previous injuries? (if previous please date injury and whether it has had any long term effects on dancers physicality).

How did you hear about d  velopp   evolving dance education?

FOR OFFICE USE ONLY

Notes: