



REGISTRATION FORMS  
Summer 2024

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

- débuter intensive (\$200/week)
  - week 1 (July 8, 9, 11, and 12- no class on Wednesday)
  - week 2 (July 15, 16, 18, and 19- no class on Wednesday)

- allongé intensive (\$625/week)
  - week 1 (Monday, July 8 - Friday, July 12)
  - week 2 (Monday, July 15 - Friday, July 19)

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 2024:

- Registration Fee \$50
- Deposit due June 1, 2024
  - débuter intensive-\$50
  - allongé intensive- \$200

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



STUDENT HEALTH FORM  
Summer 2024

Program:  débuter intensive    allongé 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 développé 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 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 2024

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ [Child] grant d  velopp   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 intensive  allong   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 provide the date of the injury and whether it has had any long-term effects on your physicality).

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

FOR OFFICE USE ONLY

Notes: