



The official Dance Academy for Dallas Black Dance Theatre

2011 **Summer Youth Dance**
Enrichment
Workshop

Presenting Sponsor 
BlueCross BlueShield
of Texas

Ages 9 - 15

PREVIOUS DANCE TRAINING REQUIRED

Limited Availability

No On-Site Registration

Date: Monday - Friday, June 6 - 17, 2011

Time: 8:30 a.m. - 3:00 p.m.

Cost: \$100.00 per student due May 20, 2011*

*(Camp fee is non-refundable after May 27, 2011)

Location: DBDT Studios (in the Arts District)

2700 Flora Street, Dallas, Texas 75201

Students will participate in ballet, modern, jazz, hip-hop, and African classes taught by Dallas Black Dance Theatre company dancers.

A final presentation at the end of the workshop - June 17, 2011 - will showcase each participant, and awards will be presented.

For More Information:

214.871.2387

academy@dbdt.com

www.dbdt.com

2011 Summer Youth Dance Enrichment Workshop
June 6 - 17, 2011
Monday - Friday 8:30 a.m. - 3:00 p.m.

Date: _____ T- Shirt size: _____
Student Name: _____ DOB: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Parent(s) Name: _____
Phone: _____ E-mail: _____
School presently attending and grade: _____

My Family is eligible for TANF/SNAP/Free or Reduced School Lunch

List previous dance instruction (include amount of experience): _____

Have you attended this camp before? Yes No
How many years? _____

Student Health Information

The information requested below must be **completed** and **signed** by the **parent/guardian**.
This form must be returned to our office on the first day of class.

Please list any health conditions that require special attention: _____

Please list conditions that require regular medication and/or instructions: _____

Physician: _____ Phone: _____
Other: _____ Phone: _____

In case of EMERGENCY, Contact (other than parent):

Name: _____
Relation to student: _____
Phone: _____ E-mail: _____
Place of employment: _____

Consent Form

I consent to enroll my child _____ and agree that Dallas Black Dance Theatre shall not be responsible in case of sickness or injury of the child while in attendance of the Summer Youth Dance Enrichment Workshop or in transit to and from Dallas Black Dance Theatre. I understand that the hours are from 8:30 a.m. to 3:00 p.m. Monday through Friday.

I give consent for my child to take part in the field trips under proper supervision by Dallas Black Dance Theatre personnel.

I consent to having my child(ren) photographed for publicity purposes.

IN CASE OF EMERGENCY, I authorize Dallas Black Dance Theatre to exercise its best judgement as to treatment needed and facilities to be used. I further grant the staff of the hospital my full permission to perform any treatment they judge necessary to insure the welfare and well being of my child on such occasion. This permission is granted even though I or the other legal guardians of the child are not present or cannot be contacted at the time of such emergency treatment is needed.

I understand and agree to abide by the purposes, policies and requirements of the Dallas Black Dance Theatre.

Waiver of Claim

In consideration of the acceptance of this registration entry, I, the undersigned, accept full responsibility of the above named student participant in this event, or while on the premises of the event; and I hereby release and hold harmless the Dallas Black Dance Theatre and all other persons and entities associated with this event from all injuries and damages.

Signature of Parent Legal Guardian

Date Signed

Mail this form and payment of \$100.00 by May 20, 2011

___ Check Enclosed

___ Cash

___ On-site Credit*

___ Visa

___ Discover

___ Credit/Debit via PayPal

(visit www.dbdt.com/academy/pay-tuition.php)

___ AmEx

___ Mastercard

Name (as it appears on card): _____

Account # _____ Exp. ____ / ____ / ____ CVC code: _____

Signature: _____

*\$7.50 credit card processing fee

Mail to: Attn: Academy Summer Workshop

P.O. Box 131290

Dallas, Texas 75313-1290

Phone: 214.871.2376

Fax: 214.871.2842