

APPLICATION PROCESS

You must include the following in your application:

1. A completed BDCTP Application Form.
2. Dance résumé detailing previous training and performance experience.
3. Two or more professional or personal dance photos that best demonstrate your technical ability and strongest style.
4. Short essay stating your dance goals and specifically how you plan to pursue them during your studies at BDC.
5. Proof of US Citizenship (Copy of US Passport, Drivers License, or photo ID)
6. A \$50 (non-refundable) application fee [payable by credit card](#). Once completed, please forward the receipt to TrainingProgram@bwydance.com. The application fee is also payable by cash or check.
7. A completed BDCTP Health Form signed and stamped by your physician.

Please make sure your application is complete BEFORE you send it in — incomplete applications will not be accepted.

Please email your completed application and payment to: bdctp@bwydance.com.

Faxed applications will not be accepted.

Broadway Dance Center will notify you via email upon acceptance — you must have a valid email address.

METHODS OF PAYMENT

- Payment may be wired directly to Broadway Dance Center bank account. Please contact us for specific wiring information at BDCTP@bwydance.com or call 212-582-9304 ext. 81.
- We also accept credit cards (Master Card or Visa), money orders or travelers checks made out in US dollars for tuition payments.

REFUNDS

- No refunds will be given for any absences not made up **during period of study**.
- A student wishing to withdraw must notify Broadway Dance Center in writing. No refunds will be given for early withdrawal.

APPLICATION FORM

LAST NAME:		FIRST NAME:		NICK NAME:	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (check one)		DATE OF BIRTH: <i>Please write out-date month year (ex. 18 April 1982)</i>		<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE (check one)	
PRESENT ADDRESS					
Street:			City:		
State:		Country:		Postal Code:	
TELEPHONE:			EMAIL:		
EMERGENCY CONTACT, NAME:					
Street:			City:		
State:		Country:		Postal Code:	
TELEPHONE:			EMAIL:		
HOW DID YOU HEAR ABOUT BROADWAY DANCE CENTER?					
<input type="checkbox"/> Internet/Website <input type="checkbox"/> Mail <input type="checkbox"/> Brochure <input type="checkbox"/> Magazine <input type="checkbox"/> Friend (Please write Friend's Name):					
<input type="checkbox"/> Other (Please specify):					
Please list the name of the schools (Dance School or University) you are currently attending:					

WHICH COURSE ARE YOU APPLYING FOR: (CHECK ONE BOX)

<input checked="" type="checkbox"/>	Course Length	Vacation	Tuition
<input type="checkbox"/>	Three-month course	Continuous (no vacation)	\$2,550
<input type="checkbox"/>	Six-month course	1 week	\$4,650
<input type="checkbox"/>	Year-long course	2 weeks	\$8,950

INDICATE THE MONTH THAT YOU WOULD LIKE TO START

Start dates are as follows; Application & Half Tuition Deadlines are 45 Days Prior:

<input checked="" type="checkbox"/>	Start Date	Earliest Submission Date	Application Deadline
<input type="checkbox"/>	6 August 2018	7 February 2018	6 July 2018
<input type="checkbox"/>	1 October 2018	2 April 2018	31 August 2018
<input type="checkbox"/>	3 December 2018	4 June 2018	2 November 2018



PLEASE INCLUDE AT LEAST ONE DANCE PHOTO, A DANCE RESUME, AND A SHORT ESSAY DESCRIBING YOUR GOALS AS A DANCER AND HOW BROADWAY DANCE CENTER CAN HELP YOU ACHIEVE THOSE GOALS.

PAYMENT INFORMATION - \$50 APPLICATION FEE (non-refundable)

*Payment can be made by wire transfer, money order, credit card, or travelers check in US dollars.

Credit Card Type:	Zip Code:	Credit Card Number:		
Name on Card:	Expiration Month:	Year:	CVV:	

RELEASE AND WAIVER

I understand that dance instruction requires physical exertion. I also acknowledge that injury may result during instruction, including but not limited to as a result of physical contact with other students, instructors, or fixed or movable objects, or the condition of the floor. I represent that I am medically and physically able to safely participate in dance classes, workshops, rehearsals, photo shoots and performances and to meet the physical demands thereof. I agree to assume all risks associated with participating in dance instruction, workshops, rehearsals, photo shoots and performances at or in connection with Broadway Dance Center. If, at any time hereafter, I have any medical or physical limitation or condition that might affect my ability to safely participate in dance classes, workshops, rehearsals, photo shoots or performances, or meet the physical demands required thereof, I will make such limitations and conditions immediately known to Broadway Dance Center.

In view of the foregoing, and as a term and condition of receiving dance instruction at Broadway Dance Center, I, for myself, my spouse, heirs, legal representatives and assigns, expressly release, waive and discharge Broadway Dance Center, its officers, directors, employees, agents, successors, predecessors, sponsors, legal representatives and assigns, from all present and future claims, demands, actions, judgments, executions and liabilities of any kind, known or unknown, that now have, ever had or may have, or claim to have, against Broadway Dance Center, its officers, directors, employees, agents, successors, predecessors, sponsors, legal representatives and assigns, created by, as arising out of, any dance instruction, workshop, rehearsal, photo shoot, performance or related activity, regardless of where held or when held, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities, breach of contract or otherwise, and whether for bodily injury, property damages or loss or otherwise. This release is for the entire premises of Broadway Dance Center, including but not limited to locker rooms, studios, bathrooms, parking areas, sidewalks, alleys, stairwells, elevators, buildings and grounds.

I hereby represent that I am over eighteen (18) years of age and that I will abide by all the terms and conditions of Broadway Dance Center’s Training Program, including the above release and waiver.

X _____
 Signature Full Name Printed Date

COMPULSORY HEALTH FORM

**This health form must be signed by a physician and stamped with an official stamp.
 This form is a confidential document solely between the student and BDC.**

TODAY'S DATE: _____ COURSE START DATE: _____ LENGTH OF COURSE: _____

LAST NAME: _____ FIRST NAME: _____ NICK NAME: _____

MALE FEMALE (check one) DATE OF BIRTH: _____ Please write out-date month year (ex. 18 April 1982)

PARENT'S NAME: _____ PARENT'S PHONE NUMBER: _____

IN CAE OF EMERGENCY NOTIFY: _____

PHONE NUMBER AND EMAIL: _____

RELATIONSHIP TO STUDENT: _____

MEDICAL HISTORY

**1. Please list any medical conditions you have:
 may include asthma, allergies, diabetes, heart conditions, high or low blood pressure etc.**

**2. List all medications that you take. Please include birth control pills, vitamins and minerals.
 We recommend that you bring what you may need or a written prescription from your physician.**

NON-PRESCRIPTION: _____

PRESCRIPTION: _____

3. List any allergies or reactions you have had to medications.

MEDICATION	REACTION	DATE
_____	_____	_____
_____	_____	_____

4. Do you smoke? YES NO

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

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

7. Have you ever been hospitalized?

(If yes, please specify below including dates)

YES

NO

PHYSICAL ILLNESS: _____

INJURY: _____

SURGERY: _____

PSYCHIATRIC: _____

8. Have you been diagnosed with mental health issues, severe stress, mood change, or personality disorder BDC should be aware of?

9. Have you been vaccinated for the following:

Chicken Pox

Measles

Mumps

10. Please list all doctors' information below, including primary care physician, chiropractors, physical therapists, etc.

PRIMARY PHYSICIAN _____

TELEPHONE _____

OTHER HEALTHCARE PROVIDERS _____

TELEPHONE _____

11. Student Declaration

I, _____ confirm that the information provided on this form is correct and true.

Student's signature _____

Date _____

12. Doctor's Statement

I, _____ confirm that _____ is physically and mentally fit to participate in 18 hours of dance per week whilst studying at Broadway Dance Center. I confirm that the above information listed in this health form is true and correct.

Doctor's Signature (required) _____

Date _____

Doctor's Official Stamp _____

Doctor's Address _____

Telephone Number _____

Email _____