

## BDC Junior Training Program Application

CONTACT INFORMATION	
First Name:	Last Name:
Permanent Email:	Mobile Phone:
Date of Birth (MM/DD/YYYY):	Applying for 3 weeks or 6 weeks:
Street Address:	City, State, Zip:
How did you hear about the program (if 'friend' put his/her name):	
Emergency Contact, Name:	
Street Address:	City, State, Zip:
Email Address:	Mobile Phone:
APPLICATION MATERIALS	
<p>Please read the following application instructions thoroughly and submit all application materials with care. Applications are considered based on dance training, marketability, and professionalism. With this printed application form please also submit the following items:</p> <ol style="list-style-type: none"> <li>1. Dance résumé detailing previous training and performance experience.</li> <li>2. Two or more professional or personal dance photos that best demonstrate your technical ability and strongest style.</li> <li>3. Two minute YouTube or Vimeo URL (please email link to JTP@bwydance.com). Please commence the video by speaking directly to the camera, stating your name, where you're from, and why you want to join the Junior Training Program at Broadway Dance Center. While BDC is proud to honor various disciplines, ballet is a required component of the course – please demonstrate your technical training or aptitude by displaying one minute of straightforward center ballet-based work (tombé, pas de bourré, glissade, assemble, tendu fourth, pirouette, land fourth; and a grand jeté or saut de chat for example). The second minute should display your personal style.</li> <li>4. A completed Junior Training Program Health Form signed and stamped by your physician (included in this application).</li> <li>5. \$50 Application Fee payable to Broadway Dance Center (check, money order, Visa, Master Card, or Amex) <a href="#">Click here to pay by Credit Card</a> -- Once completed, please forward your receipt to <a href="mailto:JTP@bwydance.com">JTP@bwydance.com</a></li> </ol> <p>Please mail all application materials to:  Broadway Dance Center  Junior Training Program  322 West 45th Street, 3rd Floor  New York, NY 10036</p>	
PROGRAM GUIDELINES/ADDITIONAL INFORMATION	
<ul style="list-style-type: none"> <li>• JTP students take 15 classes per week (Monday – Friday 9:00AM – 6:00PM) from our open class schedule. There is a mandatory Master Class every Wednesday morning at 9:00AM.</li> <li>• While we cannot provide housing during your stay, we are happy to suggest reliable and safe ways of securing accommodation – please email JTP@bwydance.com for information.</li> </ul>	

**Which course are you applying for?**

\*please visit [www.broadwaydancecenter.com](http://www.broadwaydancecenter.com) for the most up-to-date information.

√	<i>Start Date</i>	<i>End date</i>	<i>Application Deadline</i>	<i>Tuition</i>
	June 25 <sup>th</sup> , 2018	July 13 <sup>th</sup> , 2018	June 15 <sup>th</sup> , 2018	\$925
	July 16 <sup>th</sup> , 2018	August 3 <sup>rd</sup> , 2018	June 15 <sup>th</sup> , 2018	\$925
	June 25 <sup>th</sup> , 2018	August 3 <sup>rd</sup> , 2018	June 15 <sup>th</sup> , 2018	\$1650

**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 (if under 18 years of age, must have a guardian’s signature below) and that I will abide by all the terms and conditions of Broadway Dance Center’s Junior Training Program, including the above release and waiver.

Signature	Printed Name	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 CASE 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. 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. List any allergies or reactions you have to foods, molds, pollens, bees, insects, animals etc.

\_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

6. Have you ever been hospitalized?  YES  NO  
(If yes, please specify below including dates)

PHYSICAL ILLNESS: \_\_\_\_\_

INJURY: \_\_\_\_\_

SURGERY: \_\_\_\_\_

PSYCHIATRIC: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

8. Have you been vaccinated for the following:  Chicken Pox  Measles  Mumps

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

PRIMARY PHYSICIAN \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
OTHER HEALTHCARE PROVIDERS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**10. Student Declaration**

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

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**11. 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 \_\_\_\_\_

\_\_\_\_\_