

BDC Professional Semester Application

CONTACT INFORMATION	
First Name:	Last Name:
Permanent Email:	Mobile Phone:
Date of Birth (MM/DD/YYYY):	Applying for Fall or Spring:
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"> 1. Dance and work résumés 2. Two letters of recommendation 3. Headshot 4. Two minute YouTube URL (please email link to ProSemester@bwydance.com). 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 best personal style. If choosing tap as a personal style, please also submit an additional style. Please open your video by introducing yourself and expressing in one or two sentences what you hope to accomplish while studying at BDC. 5. A completed Professional Semester Health Form signed and stamped by your physician (included in this application). 6. \$50 Application Fee payable to Broadway Dance Center (check, money order, Visa, Master Card, or Amex) Click here to pay by Credit Card -- Once completed, please forward your receipt to ProSemester@bwydance.com <p>Please mail all application materials to: Broadway Dance Center Professional Semester Administrator 322 West 45th Street, 3rd Floor New York, NY 10036</p>	
PERSONAL STATEMENT (50 words or less)	
SHORT ANSWER QUESTIONS	
Please submit detailed answers to the following questions:	

What are your goals after completion of this program?

What value will you bring to the program?

Are you currently attending school? If yes, what school and what is your major?
If no, what is your current focus (working, training, teaching, traveling, etc.)?

PROGRAM GUIDELINES

- Pro Semester students take 12 classes per week (Monday – Sunday) from our open class schedule, with voice class, seminars, and rehearsals additionally. There are mandatory events most weekday mornings from 8:30am.
- Students are not permitted to attend auditions during their first eight weeks of training, after which permission is required by the program director.
- The BDC Professional Semester is a serious full-time course of study, so it is imperative that you come prepared to give your program the highest priority.

ADDITIONAL INFORMATION

- While we cannot provide housing during your stay, we are happy to suggest reliable and safe ways of securing accommodation – please email ProSemester@bwydance.com for information.
- In some cases the BDC Professional Semester may be accepted for college credit – please contact us for a list of universities that grant credit for the program, or speak to the Dance Department representative at your school.
- This program is only available for U.S. Citizens and Resident Aliens (Green Card holders.)

Which course are you applying for?

*please visit www.broadwaydancecenter.com for the most up-to-date information.

✓	Course	Start Date	End Date	Break	App Deadline	Tuition
	Fall 2018	Aug 20, 2018	Dec 9, 2018	Oct 15-19	Aug 3, 2018	\$3,850
	Spring 2019	Jan 14, 2019	May 5, 2019	Mar 11-15	Dec 20, 2018	\$3,850

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 Professional Semester, 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: _____
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (check one)	DATE OF BIRTH: _____	<small>Please write out-date month year (ex. 18 April 1982)</small>
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. 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? YES NO
(If yes, please specify below including dates)

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
_____	_____	_____