

BDC Summer Session 2018 Application

(p) 212/582-9304 x 82 ♦ (f) 212/956-9088 ♦ summersession@bwydance.com

Last Name:	First Name:
Permanent Email Address:	Mobile Phone:
Date of Birth (Month/Day/Year):	Other Phone:
Permanent Street Address:	City, State, Zip:
How did you hear about the program (if 'friend' please put their name):	
Emergency Contact, Name:	
Street Address:	City, State, Zip:
Email Address:	Mobile Phone:

Application

On a separate sheet, please submit concise typed answers to the following items:

1. Describe what you hope to accomplish during the program.
2. What are your goals after completion of this program? Do you plan to pursue a professional career in dance?
3. What value will you bring to the program and to BDC?
4. 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.)?

With this printed application form, please also submit the following items:

1. Dance résumé
2. One letter of recommendation
3. Headshot or dance photo
4. One minute YouTube URL that displays your personal style with a brief introduction of yourself at the start of the tape (Youtube or Vimeo link)
5. Proof of US Citizenship (Copy of US Passport, Drivers License, or photo ID)
6. Completed Summer Session Health Form signed and stamped by your physician.
7. \$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 summersession@bwydance.com

Please mail all application materials to:

**Broadway Dance Center
Summer Session
322 West 45th Street, 3rd Floor
New York, NY 10036**

Contact Information

Additional Information

- While we cannot provide housing during your stay, we are happy to suggest reliable and safe ways of securing accommodation.
- In many cases the BDC Summer Session 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).

Tuition

- Tuition for our summer session is \$1,950. This includes all classes, seminars, master classes, rehearsals, performance opportunities, and advising sessions.
- If you choose to take additional classes beyond your mandatory 12 per week, you may do so at a reduced class rate.
- Admission is rolling and acceptance notification will be given on an ongoing basis. Once you are accepted into the program, a deposit of \$975 (half tuition) will be due within 30 days of your notification in order to secure your spot. The remaining balance is due upon starting the program.
- There are no refunds once you have begun the program.

Dates to Remember

(subject to change)*

Summer Session Start Date	Application Deadline	End of Program	Tuition
June 11, 2018	May 25, 2018	August 5, 2018	\$1,950

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.

X _____
Signature Write 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 OTHER (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. 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
