

2017

SUMMER ENRICHMENT YOUTH DANCE WORKSHOP

JUNE 5–23, 2017 *For Trained Dancers Ages 7–13 Years*

MONDAY–FRIDAY • 8:30am–3:00pm

DBDT Studios • 2700 Ann Williams Way • Dallas, TX 75201

**DALLAS BLACK
DANCE THEATRE**
RELENTLESS EXCELLENCE



Photo by: Brian Guillaux

Must Have Previous Formal Training

Come and train for three weeks with the professional dancers of DBDT. Students will participate in ballet, modern, jazz and African dance classes. During the final week, there will be a performance showcasing all students and all techniques learned. In addition, certificates of award and scholarships will be given to selected dancers for future training at Dallas Black Dance Theatre's Academy.

For Information Contact Our Academy Office

By Email academy@dbdt.com
By Phone (214) 871-2387
By Fax (214) 871-2842
By Mail P.O. Box 131290 Dallas, TX 75313-1290

DBDT.com

PRESENTING SPONSOR



CO-SPONSORS



**Rosemary Haggar Vaughan
Family Foundation**

Tuition Fee: \$350 per student

Full payment and registration form due **May 15, 2017**
Deposit \$100 by April 15, 2017, deposit is non-refundable

Fee is non-refundable after May 15, 2017

After May 15th deadline, tuition will be **\$400.00** per student, space permitting

Payment and form may be submitted in person or mailed to the DBDT Office at:

**2700 Ann Williams Way
Dallas, TX 75201**

**SUMMER YOUTH
DANCE ENRICHMENT
WORKSHOP 2017**



P.O. Box 131290, Dallas, TX 75313
T: 214.871.2376 F: 214.871.2842
E: academy@dbdt.com

Returning Student
New Student

REGISTRATION FORM

Please Complete ALL Sections

1. Student Information			
Name:		Ethnicity:	Age: Gender:
School Presently Attending:		Grade/Year:	DOB:
Home address: Apt.		City:	Zip Code:
Home Phone:	Student's Phone:	Student's Email:	
T-Shirt Size: <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large			
Please list any medical conditions that may affect the student's participation:			
Emergency Contact <u>other than</u> Responsible Party:		Emergency Phone:	Relationship to student:
Have you attended this workshop before?		When?	
Dance History: <i>Previous training, most recent classes & location:</i>			
2. Parent or Responsible Party Information (to be completed by Adult or legal guardian)			
Name:		Cell Phone:	Work Phone:
Relationship to student:		Email Address:	
Employer:			
3. For reporting purposes only, please complete the following section. This registration form is strictly confidential.			
My Family is eligible for TANF/SNAP/Free or Reduced School Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your company contribute to the Arts? Yes <input type="checkbox"/> No <input type="checkbox"/> Offer matching Funds? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Current Household income:	<input type="checkbox"/> Under \$15,000	<input type="checkbox"/> \$15,000–\$25,000	<input type="checkbox"/> \$25,000–\$35,000
<input type="checkbox"/> \$35,000–\$45,000	<input type="checkbox"/> \$45,000–\$55,000	<input type="checkbox"/> \$55,000–\$100,000	<input type="checkbox"/> \$100,000 and above

MEDICAL / HEALTH FORM

PLEASE COMPLETE ALL SECTIONS



STUDENT INFORMATION:		
Student's Name:		Date:
Birthdate:	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address:		Apt. City :
State:	Zip Code:	Email:
Cell Phone:	Home Phone:	Other:
STUDENT ETHNICITY		
<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic /Latino <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: (please list)		
PARENT/GUARDIAN INFORMATION if participant is under age 18:		
Parent/Guardian Name:		
Address:		Apartment:
City :	State:	Zip Code:
Cell Phone:	Home:	Other:
Email:		
MEDICAL INFORMATION – REQUIRED. Application is considered incomplete if this section is left blank. Please write None in areas that are not applicable to your child.		
List any physical or dance related problems you have including injuries, bone, joint, or muscular disorders, etc:		
List any medical conditions you have including asthma, high or low blood pressure, heart conditions, allergies etc:		
List medications that you take regularly(prescription/non-prescription):		
In Case of Emergency Notify		
Contact's Name:		
Contact's Phone:		Relationship:
Physician:		Phone:
** You may use the reverse side of this form for additional information or explanation of any medical conditions or medications if necessary.		

2700 Ann Williams Way | Dallas, TX 75201 | T: 214-871-2387 | F: 214-871-2842 | www.DBDT.com

Consent / Waiver

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 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.

IN CASE OF EMERGENCY, I authorize *Dallas Black Dance Theatre* to exercise its best judgment 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 consent to having my child photographed for publicity purposes for the sole use of Dallas Black Dance Theatre.
(Please initial)

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.

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

X

Signature of Parent or Responsible Party

Date

THIS SECTION FOR OFFICE USE ONLY

Date Received:	Staff Signature:	Deposit Paid:	
<ul style="list-style-type: none"> • Program Fee: \$350 by May 15, 2017 • Application and Nonrefundable Deposit of \$100.00 is due by April 15, 2017 • Program Fee after May 15, 2017 is \$400 (space permitting) • All Payments are Non-Refundable after May 15, 2017 • There is a \$30 NSF Fee on all returned checks. 		Tuition Paid:	
		Total Amount Paid Today:	
		Balance Due :	
		Balance Paid:	

PAYMENT FORM AND FINANCIAL AGREEMENT

Billing Information

Student's Name:		Age:	Gender:
Parent or Responsible Party			
Billing address:	Apt:	City/State:	Zip Code:
Email Address:		Cell Phone:	
Employer:		Work Phone:	
Does your employer contribute to the Arts? Yes <input type="checkbox"/> No <input type="checkbox"/> Offer matching Funds? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Payment

Application and payment of \$350.00 due by May 15, 2017
(after May 15th Fee is \$400 - Space Permitting)
Please make checks payable to: Dallas Black Dance Theatre
Mail to: P.O. Box 131290 Dallas, TX 75313
All Payments are Non-Refundable after May 15, 2017

Payment Options

<input type="checkbox"/> CASH PAYMENT	<input type="checkbox"/> MONEY ORDER / CHECK ENCLOSED <i>**Please make checks payable to: DBDT</i>		
<input type="checkbox"/> DEBIT OR CREDIT CARD PAYMENT <i>**Please include \$2.50 card processing fee for credit/ debit card transaction</i>			
VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	AMEX <input type="checkbox"/>	DISCOVER <input type="checkbox"/>
CARD NUMBER:	EXP:	CVC:	

Financial Agreement

(Please read Financial Policies and Procedures on page 5 before signing.)

I, the undersigned, am fully responsible for the full tuition and any other fees relating to this enrollment term and understand that there is no adjustment of tuition when the student is absent from school for any reason or for holidays. I am aware and understand the refund policy.

I have read, understand and agree to abide by all of the policies and procedures (page 5) of Dallas Black Dance Theatre/Academy.

X

Signature of Responsible Party

Date

FINANCIAL PROCEDURES AND POLICIES

Please retain a copy for your records.

- Summer Enrichment Workshop Applications will not be accepted without payment.
- Payment and form submission options:
 - In person: 2700 Ann Williams Way, Dallas, TX 75201
 - By Email: scan completed forms and attach to email then send to: academy@dbdt.com
 - By Fax: send completed forms to 214-871-2842.
- Payment deadline is May 15, 2017. After that date the fee will increase to \$400 and students will be placed on a waiting list – space permitting.
- There is a \$2.50 processing fee for all credit/debit card transactions.
- A \$30 fee is added to checks returned for insufficient funds and must be reconciled with certified funds (cash, cashier's check, credit/debit card, and/or money order) within 10 business days from the date of verbal or written notification by Dallas Black Dance Theatre/Academy.
- No personal checks will be accepted after a check has been returned; **cash, money order, or credit/debit card** will be the only acceptable forms of payment for all future payments.
- DBDT Academy is not responsible for classes missed and there is no discount due to illness, injury or time conflicts.
- **Refunds for the Summer Youth Enrichment Workshop must be requested in writing within 10 business days of payment. Please be advised that Refunds will not be issued after May 15, 2017.**
- Refund request processing may take 4-6 weeks. There is a 10% processing fee deducted from all approved refund payments.
- DBDT Academy is not responsible for lost or misplaced personal property. Please write the student's name in all dance shoes and attire. It is helpful to have a dance bag to keep all personal items in.