

Returning Student   
 New Student

**REGISTRATION FORM**

**Fees reflect paid in full before JUNE 16, 2017 deadline**

Please Print & Complete **ALL** Sections

| 1. Student Information   |  |                 |   |                          |   |   |                            |                          |   |                 |           |      |   |   |   |    |
|--|--|-----------------|---|--------------------------|---|---|----------------------------|--------------------------|---|-----------------|-----------|------|---|---|---|----|
| Name:  |  |                 |   | Ethnicity:               |   |   |                            |                          | Age:                                    |                 |           |      |   |   |   |    |
| School Attending:  |  |                 |   | Grade/Year:              |   |   |                            |                          | DOB:                                    |                 |           |      |   |   |   |    |
| Home address:<br>Apt.  |  |                 |   | City:                    |   |   |                            |                          | Zip Code:                               |                 |           |      |   |   |   |    |
| Student's Phone:   |  |                 |   | Student's Email:         |   |   |                            |                          |   |                 |           |      |   |   |   |    |
| Emergency Contact <u>other than</u> Responsible Party:   |  |                 |   | Relationship to student: |   |   |                            | Emergency Phone:         |   |                 |           |      |   |   |   |    |
| Dance History: <i>Previous training, most recent classes, teachers &amp; locations:</i>  |  |                 |   |                          |   |   |                            |                          |   |                 |           |      |   |   |   |    |
|  |  |                 |   |                          |   |   |                            |                          |   |                 |           |      |   |   |   |    |
|  |  |                 |   |                          |   |   |                            |                          |   |                 |           |      |   |   |   |    |
| 2. Please select your sessions, individual techniques or classes. If you plan to enroll in single techniques or single daily classes, please indicate by checking the boxes. |  |                 |   |                          |   |   |                            |                          |   |                 |           |      |   |   |   |    |
| <input type="checkbox"/> Both Sessions: June 26 – July 7, 2017    \$775.00   |  |                 |   |                          |   |   |                            |                          |   |                 | \$        |      |   |   |   |    |
| SESSION I. June 26–30 2017   |  |                 |   |                          |   | SESSION II. July 3–7, 2017                  |                            |                          |   |                 |           |      |   |   |   |    |
| <input type="checkbox"/>   | <b>Session 1: \$475.00</b>   |                 |   |                          |   | <input type="checkbox"/>                    | <b>Session 2: \$475.00</b> |                          |   |                 |           | \$   |   |   |   |    |
| <input type="checkbox"/>   | Horton <i>(Int - Pre-Pro)</i>  | 9:30 – 11:00AM  | M | T                        | W | T   | F                          | <input type="checkbox"/> | Graham Technique <i>(Int - Pre-Pro)</i> | 9:30 – 11:00AM  | M         | T    | W | T | F | \$ |
| <input type="checkbox"/>   | West African <i>(Int - Pre-Pro)</i>  | 11:15 – 12:45PM | M | T                        | W | T   | F                          | <input type="checkbox"/> | Ballet <i>(Int - Pre-Pro)</i>           | 11:15 – 12:45PM | M         | T    | W | T | F | \$ |
| <input type="checkbox"/>   | Contemporary <i>(Int - Pre-Pro)</i>  | 1:45 – 3:00PM   | M | T                        | W | T   | F                          | <input type="checkbox"/> | Tap <i>(Int - Pre-Pro)</i>              | 1:45 – 2:45PM   | M         | T    | W | T | F | \$ |
| <input type="checkbox"/>   | Hip Hop <i>(Int - Pre-Pro)</i>   | 3:15 – 4:45PM   | M | T                        | W | T   | F                          | <input type="checkbox"/> | Limón Technique <i>(Int - Pre-Pro)</i>  | 3:00 – 4:30PM   | M         | T    | W | T | F | \$ |
| <input type="checkbox"/>   | Horton <i>(Pro)</i>  | 3:30 – 5:00PM   | M | T                        | W | T   | F                          | <input type="checkbox"/> | Ballet <i>(Pro)</i>                     | 3:30 – 5:00PM   | M         | T    | W | T | F | \$ |
| <input type="checkbox"/>   | West African <i>(Pro)</i>  | 5:15 – 6:45PM   | M | T                        | W | T   | F                          | <input type="checkbox"/> | Tap <i>(Pro)</i>                        | 5:15 – 6:45PM   | M         | T    | W | T | F | \$ |
| <input type="checkbox"/>   | Contemporary <i>(Pro)</i>  | 7:00 – 8:30PM   | M | T                        | W | T   | F                          | <input type="checkbox"/> | Gaga <i>(Pro)</i>                       | 7:00 – 8:30PM   | M         | T    | W | T | F | \$ |
| <input type="checkbox"/>   | Hip Hop <i>(Pro)</i>   | 8:45 – 10:15PM  | M | T                        | W | T   | F                          | <input type="checkbox"/> | Limón Technique <i>(Pro)</i>            | 8:45 – 10:15PM  | M         | T    | W | T | F | \$ |
| <input type="checkbox"/> <b>Single Technique: \$175.00</b>   |  |                 |   |                          |   | <i>(Please check each box that applies)</i> |                            |                          |   |                 |           | \$   |   |   |   |    |
| *  | <b>Single Daily Class: \$45.00 each based on availability after June 16.</b> |                 |   |                          |   |   |                            |                          |   |                 |           | \$ 0 |   |   |   |    |
| <b>TOTAL TUITION FEE(S) DUE:</b>   |  |                 |   |                          |   |   |                            |                          |   |                 | <b>\$</b> |      |   |   |   |    |

# MEDICAL FORM AND WAIVER

PLEASE COMPLETE ALL SECTIONS

|   |      |   |                                 |                                  |  |
|---|------|---|---------------------------------|----------------------------------|--|
| Student's Name:   |      |   | Date:                           |                                  |  |
| Birthdate:  | Age: | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Single | <input type="checkbox"/> Married |  |
| Address:  |      |   | Apartment:                      |                                  |  |
| City :  |      | State:  | Zip Code:                       |                                  |  |
| Cell Phone:   |      | Home:   | Other:                          |                                  |  |
| Email:  |      |   |                                 |                                  |  |
| <b>STUDENT ETHNICITY</b>  |      |   |                                 |                                  |  |
| <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: (please list)  |      |   |                                 |                                  |  |
| <b>PARENT/GUARDIAN INFORMATION if participant is under age 18:</b>  |      |   |                                 |                                  |  |
| Parent/Guardian Name:   |      |   |                                 |                                  |  |
| Address:  |      |   | Apartment:                      |                                  |  |
| City :  |      | State:  | Zip Code:                       |                                  |  |
| Cell Phone:   |      | Home:   | Other:                          |                                  |  |
| Email:  |      |   |                                 |                                  |  |
| 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):  |      |   |                                 |                                  |  |
| <b>In Case of Emergency Notify</b>  |      |   |                                 |                                  |  |
| Contact's Name:   |      |   |                                 |                                  |  |
| Contact's Phone:  |      |   | Relationship:                   |                                  |  |
| Physician:  |      |   | Phone:                          |                                  |  |
| <b>Liability Waiver</b>   |      |   |                                 |                                  |  |
| 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. |      |   |                                 |                                  |  |
| <b>Student's Signature:</b>   |      |   | <b>Date:</b>                    |                                  |  |
| <b>Parent/Guardian Signature</b> (if student is under age 18)   |      |   | <b>Date:</b>                    |                                  |  |
| ** You may use the reverse side of this form for additional information or explanation of any medical conditions or medications if necessary.   |      |   |                                 |                                  |  |

## PAYMENT FORM AND FINANCIAL AGREEMENT

### 1. Responsible Party Information (to be completed by Adult student, Parent or Legal Guardian)

Student's Name or Responsible Party:

|   |             |  |           |
|---|-------------|--|-----------|
| Billing address:  | Apt:        | City/State:  | Zip Code: |
| Cell Phone:   | Work Phone: | Other:   |           |
| Email Address:  | Employer:   |  |           |
| 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"/> |           |

### 2. Method of Payment

CASH PAYMENT

MONEY ORDER / CHECK ENCLOSED *\*\*Please make checks payable to: Dallas Black Dance Theatre*

DEBIT OR CREDIT CARD PAYMENT *(Please include \$5.00 card processing fee on each credit/ debit card transaction)*

VISA       MASTERCARD       AMEX       DISCOVER

|              |      |      |
|--------------|------|------|
| CARD NUMBER: | EXP: | CVC: |
|--------------|------|------|

I, the undersigned, am responsible for the full tuition and understand that there is no adjustment of tuition when the student is absent or for holidays. I give permission for the above account to be charged the tuition fees associated with this enrollment. I have read, understand and agree to abide by all of the policies and procedures of the Dallas Black Dance Theatre.

**X** \_\_\_\_\_  
 Signature of Cardholder/ Responsible Party Date

#### Mail Completed Forms with Payment to:

**Dallas Black Dance Theatre  
 2017 Summer Intensive  
 P.O. Box 131290 Dallas, TX 75313**

- **PAYMENT MUST ACCOMPANY FORM WHEN SUBMITTED**
- **THERE IS A \$30 NSF FEE ON RETURNED CHECKS**
- **TUITION IS NOT REFUNDABLE**

### t---THIS SECTION FOR STAFF USE ONLY---

|                   |  |                |                 |
|-------------------|--|----------------|-----------------|
| TOTAL AMOUNT DUE: |  | DATE RECEIVED: | STAFF INITIALS: |
| AMOUNT PAID:      |  |                |                 |
| METHOD:           |  |                |                 |
| BALANCE DUE:      |  |                |                 |
| BALANCE PAID:     |  | DATE RECEIVED: | STAFF INITIALS: |



### TUITION INFORMATION

| TUITION FEES:                                    | EARLY REGISTRATION:<br><br>Must be paid by<br>May 16, 2017 deadline | REGULAR REGISTRATION:<br><br>Must be paid by<br>June 16, 2016 deadline | LATE REGISTRATION:<br><br>(Space Permitting)<br>Paid June 17–July 7, 2017 |
|--|---|--|---|
| Both sessions:                                   | \$700.00  | \$775.00   | \$825.00  |
| Single session<br>(all classes for one<br>week): | \$425.00  | \$475.00   | \$525.00  |
| Single technique<br>(all week):                  | \$135.00  | \$175.00   | \$200.00  |
| Single Class<br>Drop in Rate:                    | \$45.00 each based on availability after June 16                    |  |   |

### FINANCIAL PROCEDURES AND POLICIES

- **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](mailto:academy@dbdt.com)
  - **By Fax:** send completed forms to (214) 871-2842.
  
- There is a \$5.00 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 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.
  
- Students are required to pay for all classes. Dallas Black Dance Theatre is not responsible for classes missed due to illness, injury or time conflicts.
  
- DBDT is not responsible for lost or misplaced personal property.
  
- **Registration fees are non-refundable.**