

Summer DanceFest 2017 June 27- July 9

Registration & Medical Release

to be printed and filled out after you are accepted into the program

Presented by Boise State University Department of Theatre Arts and Idaho Dance Theatre

Participant Name		Date of Birth	M	F
Address		City, ST ZIP Code		
()	()	()		
Home Phone	Work Phone	Cell Phone Number	Email Address	

Class Schedule (check your selection) **Tuesday July 4 there will be no classes**

9:00-10:30 daily—Tuesday –Saturday Week I & Monday- Saturday Week II

___ Low Intermediate Ballet (10 classes)

___ Intermediate Ballet (10 classes)

___ Advanced Ballet (10 classes)

10:35-11:25 daily—Tuesday-Saturday Week I & Monday- Friday Week II

___ Intermediate Pointe (9 classes)

___ Advanced Pointe (9 classes)

___ Men's Class (9 classes)

11:25-12:15 daily—Tuesday- Saturday Week I & Monday-Friday Week II

___ Low Intermediate Pointe (9 classes)

___ Pas de deux-Advanced only (9 classes)

12:15-1:00 Lunch

1:00-2:10 daily—Tues. –Sat. Week I, Mon–Friday Week II (Plus Sunday, July 2 at 2:20 p.m.)

___ Ballet Choreography (10 rehearsals)

2:15-3:30 daily—Tues. –Sat. Week I, Mon – Friday Week II (plus Sunday July 2 at 10:00 a.m.)

___ Advanced Jazz alternating with Advanced Modern (10 classes)

___ Intermediate Jazz alternating with Intermediate Modern (10 classes)

3:35-4:45 daily—Tues.- Sat. Week 1, Mon-Friday Week II (Plus Sunday July 2 at 11:15 a.m.)

___ Jazz and Hip Hop Choreography (10 rehearsals)

4:50-6:00 daily—Tues. – Sat. Week 1, Mon-Friday Week II (Plus Sunday July 2 at 1:00 p.m.)

___ Contemporary Choreography (10 rehearsals)

___ **Total Classes**

Add the number of classes and choreography sessions to determine option

___ Option A \$520 - 2 weeks all classes and performances

___ Option B \$370 - 31-50 classes

___ Option C \$320 - 21-30 classes

___ Option D \$220 - 16-20 classes

___ Option E \$185 - 11-15 classes

___ Option F \$150 - 10 classes (available only for Ballet technique or Modern/Jazz)

___ **Total amount due for classes/choreography sessions only**

Housing & Meal Plan- Contact Marla Hansen for more information 208-426-3568 mhansen@boisestate.edu

Summer DanceFest 2017 T-shirt- Dancers registered for option A, B, or C will receive a FREE DanceFest T-shirt, otherwise it is \$20 (plus sales tax). Please choose a size.

Women Sizes: ___ Small ___ Medium ___ Large ___ Extra-Large

Men Sizes: ___ Small ___ Medium ___ Large ___ Extra-Large

___ **Total amount due for classes/choreography, T-shirt.**

Payment Method: Check ___ Money Order ___

You may send one check for entire pre-pay amount for the workshops. Payment for Housing & Meal plan not required until prices have been determined. Registration and payment for classes due by **May 30, 2017**. Make checks payable to **Idaho Dance Theatre**.

Please mail completed registration form, medical release & information form and payment to:

Marla Hansen, Summer DanceFest 2017, Department of Theatre Arts, Boise State University,

1910 University Drive, Boise, ID 83725-1565

Refund Policy: Participants are entitled to a 100% refund, less a \$50 processing fee if cancellation occurs by June 16, 2017.

Summer DanceFest 2017 Medical Consent and Information Form

Emergency Contact

Participant Name ()		Date of Birth	M	F
Cell Phone Number () ()		Parent's/Guardian's Name (if under 18) () ()		
Home Phone	Work Phone	Parent's Home Phone	Parent's Work Phone	
Address		Parent's Address		
City, State, ZIP		Parent's City, State, ZIP		

DanceFest Release

DANCE RELEASE: By enrolling my child in the Summer DanceFest 2017 at Boise State University, I, the undersigned parent/guardian of _____ understand that s/he, in attending the classes and tryouts and using the facilities, does so at his/her own risk. Dance instructors shall not be liable for any damage incurred from personal injuries sustained by participant in or about the premises. Participant assumes full responsibility for all injuries and damages which may occur in or about the premises.

In consideration of your acceptance of my child's entry, I, intending to be legally bound, do hereby waive, release and forever discharge any and all rights and claims against the Summer DanceFest 2017, its directors, instructors and/or any involved personnel, and Boise State University, for damages or injury sustained by my child while participating in, or attending any activity, training or practice directly or indirectly related to the Summer DanceFest 2017, whether the incident occurs on the premises or traveling to and from the premises.

In addition, I do hereby certify that my child is covered by insurance through:

Insurance Company	Policy Number
Subscriber	

CONSENT TO MEDICAL CARE: I, the undersigned parent/guardian of _____ do hereby grant authority to the staff of Summer DanceFest 2017 to render judgment concerning medical assistance or hospital care in the event of an injury or illness during my absence or if I am unable to be contacted.

PARENT/GUARDIAN SIGNATURE	Date
Physician's Name	Phone Number

Allergies/Special Health Considerations

Prescription & Over-the-Counter Medications