

# SUMMER INTENSIVE REGISTRATION FORM FOR LEVELS - INTERMEDIATE\* AND ADVANCED

Please indicate on the application form your child's current dance school, level and the number of years studied. CIDE's SBI faculty will divide students into levels according to age and ability as it relates to our intensive. Understand that each dance school would have a different title and standard for each level. The faculty will establish where your child belongs on the first day of the intensive.  
\*Minimum age - 10 years old, exceptions may apply.

## STUDENT INFORMATION:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Current Dance Level \_\_\_\_\_ # of years studied \_\_\_\_\_  
Current Dance School \_\_\_\_\_  
T-Shirt Size (Adult):     small,  medium,  large,  x-large

## IN CASE OF EMERGENCY CONTACT:

Name \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Contact email: \_\_\_\_\_

**SESSION 1 • JUNE 11 - JUNE 15**

9:00 a.m.-3:30 p.m.    \$285.00 *Non-refundable payment is due at time of registration, space is limited*

**SESSION 2 • JUNE 18 - JUNE 22**

9:00 a.m.-3:30 p.m.    \$285.00 *Non-refundable payment is due at time of registration, space is limited*

**BOTH SESSION 1 AND SESSION 2 • JUNE 11 - JUNE 22**

9:00 a.m.-3:30 p.m.    \$520.00 *Non-refundable payment is due at time of registration, space is limited*

## MEDICAL & RISK WAIVER

I hereby give my permission for my child to participate in the activities of the Summer Ballet Intensive. I release Central Indiana Dance Ensemble, its Officers, Employees and Central Indiana Academy of Dance, from any responsibility for any accident or injury that could occur. I have alerted the staff of any problems or medical restrictions that my child has.

ANY CONCERNS?

\_\_\_\_\_

## CONSENT

I understand and allow: light touching of appropriate body parts necessary for purposes of instruction; the character of pas de deux (partnering), which requires physical contact between my child and the partner; any photo and video materials with my child's participation to be free for further use by CIDE's Summer Ballet Intensive.

GUARDIAN'S SIGNATURE

\_\_\_\_\_ DATE \_\_\_\_\_

## **FEES ARE NON-REFUNDABLE** **REGISTRATION FORM & FEES ARE DUE BY FRIDAY, MAY 11, 2018**

*Registrations received after May 11, 2018 will be accepted at the discretion of the Artistic Director, Suzann DeLay  
(a \$25 dollar late fee will be applied for those registering after May 11<sup>th</sup>)*

Payment Method, please check one:

- Check, please make check payable to Central Indiana Dance Ensemble, Inc.  
MAIL TO: CIDE • 4993 Deer Ridge Drive North • Carmel • IN 46033  
TURN IN: CENTRAL INDIANA ACADEMY OF DANCE (*Folder marked Summer Ballet Intensive*)
- On-line using Debit/Credit Card (An invoice will be emailed with the payment instructions)