

# 2017 SUMMER INTENSIVE

(FOR AGES 12 & UP)

## JULY 31<sup>ST</sup> - AUGUST 4<sup>TH</sup>

9 AM - 3 PM, M-F

STAY FOR OUR EVENING CLASSES  
AS OUR GUEST (INCLUDED W/ COST OF INTENSIVE)

## DANCERS' WORKSHOP

10745 LINKWOOD CT. - BATON ROUGE, LA

(\$350 FOR DW STUDENTS; \$380 FOR OTHERS; \$50 SECURITY DEPOSIT REQUIRED)

### COST INCLUDES:

- \*INTERNATIONALLY AND NATIONALLY-RENOWN MASTER FACULTY
- \*4 MASTER CLASSES EACH DAY, MONDAY - FRIDAY  
(INCLUDING BALLET, CONTEMPORARY, POINTE, VARIATIONS, ETC.)
- \*TAKE 2 EVENING CLASSES WITH US AT NO EXTRA CHARGE  
(VALUE: \$200 FOR THE WEEK!)
- \*BOTTLED WATER EACH DAY
- \*LUNCH PROVIDED ON FRIDAY

E-MAIL US FOR MORE INFO! [DANCERSWORKSHOP@BELLSOUTH.NET](mailto:DANCERSWORKSHOP@BELLSOUTH.NET)

# DW SUMMER DANCE INTENSIVES

The Dancers' Workshop will be offering **1** one-week Intensive Workshop this summer for **intermediate and advanced dancers**.

**Session: July 31<sup>st</sup> – August 4<sup>th</sup> 2017**

Classes will be held at 10745 Linkwood Court, Baton Rouge, LA, 70810 from 9:00 am until 3:00 pm daily, with drop off beginning at 8:30 am and pick up no later than 3:30 pm.

Classes will include: Ballet, Pointe/Variations, and Contemporary.

Dancers' Workshop students must have completed their 2<sup>nd</sup> year of Level V and one year of Pointe.

Acceptance and placement of other dancers will be determined with a class prior to the Intensive week. Please call for class appointment.

Dancers should bring a bag lunch Monday – Thursday and we will provide lunch on Friday. Bottled water provided daily.

## **Cost – Make check payable to Dancers' Workshop**

Dancers' Workshop students:

- \$350.00 per session

Other participants:

- \$380.00 per session

A non-refundable \$50.00 registration fee is due to reserve a place and **does apply to the total workshop cost**. Space is limited!

Guest Faculty will include: Helen Daigle of Louisville Ballet and Shelby Williams of Royal Ballet of Flanders.

(faculty subject to change)

Questions? Call the Dancers' Workshop at 225-767-5814 or e-mail [dancersworkshop@bellsouth.net](mailto:dancersworkshop@bellsouth.net)

Dancers' Workshop  
10745 Linkwood Ct. – Baton Rouge, LA - 70810

## **2015 Summer Intensive Registration Form**

Dancer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Dancer Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

Years of Dance Training, studio(s) and dates of study: \_\_\_\_\_

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### **APPLICABLE COSTS:**

**(Non-Refundable \$50 registration is required to secure your spot and will be applied toward fee. Balance is due June 1, 2015.**

**Make checks payable to the Dancers' Workshop**

**Dancers' Workshop students: (Check applicable payment)**

- \$350.00 per session \_\_\_\_\_

**Other participants: (Check applicable payment)**

- \$380.00 per session \_\_\_\_\_

**Fees Paid: Deposit: \_\_\_\_\_ Date Pd: \_\_\_\_\_ Balance Pd. \_\_\_\_\_**

**Staff Member: \_\_\_\_\_**

# Dancers' Workshop

## Medical Information Form

The following information is provided for use by Baton Rouge Ballet Theatre:

DANCER'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HM PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

PARENT OR GUARDIAN NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

HM PH \_\_\_\_\_ BUS PH \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SECOND PARENT/GUARDIAN NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

HM PH \_\_\_\_\_ BUS PH \_\_\_\_\_ CELL PHONE \_\_\_\_\_

### MEDICAL INFORMATION

ALLERGIES (include drug allergies, i.e., aspirin, etc) \_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICATION \_\_\_\_\_

\_\_\_\_\_

PHYSICAL CONDITIONS, LIMITATIONS OR DISEASES \_\_\_\_\_

\_\_\_\_\_

NAME OF FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF DENTIST OR ORTHODONTIST \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INSURANCE PROVIDER \_\_\_\_\_

POLICY OR GROUP NO. \_\_\_\_\_ MEMBER NO. \_\_\_\_\_

**\*\*PLEASE ATTACH A PHOTOCOPY (FRONT AND BACK) OF YOUR INSURANCE**

**CARD TO THIS FORM\*\***

Dancers' Workshop  
**Medical Release Form**

We (I), \_\_\_\_\_, the parent(s) or legal guardians of the minor child, authorize Dancers' Workshop and/or its officers, directors, agents, representative, or employees to seek and to authorize medical attention for my minor child, \_\_\_\_\_, age \_\_\_\_\_, during the 2017 Summer Intensive.

\_\_\_\_\_  
Parent's and/or Guardian's Signature

\_\_\_\_\_  
Date

**OR**

I, \_\_\_\_\_, a person of the age of eighteen (18) or older, authorize Dancers' Workshop and/or its officers, directors, agents, representatives, or employees to seek and to authorize medical attention for myself in case I am incapacitated and am unable to make these decisions myself, during the 2015-2016 ballet season.

\_\_\_\_\_  
Dancer's Signature

\_\_\_\_\_  
Date

**Waiver & Release of All Claims**

For ourselves (myself) and for and on behalf of our (my) child, we (I) hereby waive, release, and discharge Dancers' Workshop and its officers, directors, agents, representatives and employees from any claim, demand or cause of action, including negligence, arising out of, or in any way related to, any rehearsals, performances or the transportation to or from any rehearsal or performance of the Dancers' Workshop or any portion thereof or group related thereto, and agree to indemnify and hold harmless Dancers' Workshop and its officers, directors, agents, representatives and employees from all claims for loss, damage, or injury sustained by us (me) or by our (my) child, whether the same is caused by the sole negligence of Dancers' Workshop and/or its officers, directors, agents, representatives and employees, or otherwise.

\_\_\_\_\_  
Parent's and/or Guardian's Signature

\_\_\_\_\_  
Date

**OR**

\_\_\_\_\_  
Dancer's Signature (age 18 or older)

\_\_\_\_\_  
Date

# Dancers' Workshop

## Photograph/Likeness Release Form

We (I), \_\_\_\_\_, the parent(s) or legal guardians of the minor child, authorize Dancers' Workshop and/or its representatives, agents, or employees to sell, reproduce, display, and/or use any photograph or likeness of our (my) minor child, \_\_\_\_\_, age \_\_\_\_\_, for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the directors of the Dancers' Workshop.

In giving this consent, I agree to release the Dancers' Workshop and the photographer, and their successors or assignees from liability for any violation of any personal or proprietary right I or my heirs and assigns may have in connection with such sale, reproduction, display or use.

\_\_\_\_\_  
Parent's and/or Guardian's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, a person of the age of eighteen (18) or older, authorize Baton Rouge Ballet Theatre and/or its representatives, agents, or employees to sell, reproduce, display and/or use any photograph or likeness of me for any purpose, including publicity, choreographic archives, promotional materials and/or any other reason deemed appropriate by the directors of the Baton Rouge Ballet Theatre.

In giving this consent, I agree to release the Baton Rouge Ballet Theatre and the photographer, and their successors or assignees from liability for any violation of any personal or proprietary right I or my heirs and assigns may have in connection with such sale, reproduction, display or use.

\_\_\_\_\_  
Dancer's Signature

\_\_\_\_\_  
Date