**BRBT/DANCERS’ WORKSHOP SUMMER INTENSIVE (AGES 12 & UP)**

Baton Rouge Ballet Theatre/The Dancers' Workshop will be offering one one-week Intensive Workshop this summer for **intermediate and advanced dancers**.

**Session: July 29 2019 – August 2, 2019**

*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** 3:40 pm.*

*Classes will include: 4 Master Classes each day in Ballet, Pointe & Pre Pointe /Variations, and Contemporary Ballet.*

*Internationally and Nationally Renowned Master Faculty will include: Sally Rojas, former instructor with Houston Ballet Academy, Shelby Williams of Royal Ballet of Flanders and Dwayne Holliday, freelance dancer, choreographer, and yoga instructor in Cologne, Germany.*

*Dancers’ Workshop students must be 12 years of age have completed their 2nd year of Level V (intermediate level) and one year of Pointe.*

*Acceptance and placement of other dancers will be determined with a class prior to the Intensive week. Please call (225)767-5814 for class appointment. If dancer lives more than 90 miles away, video submissions will be considered. Videos of 5 minutes or less should be submitted as a YouTube clip to Christine@batonrougeballet.org. Please include basic barre & center.*

*Dancers should bring a bag lunch Monday – Thursday and we will provide lunch on Friday.*

*Bottled water provided daily.*

*Chaperoned housing is not provided, but several nearby hotel suites are available.*

**Cost – Cash/check payable to Dancers’ Workshop**

**Dancers' Workshop / BRBT students:**
- $350.00 per session **due by June 15 2019** (After June 15, 2019 balance due is $380.00)

**Other participants:**
- $380.00 per session **due June 15, 2019** (after June 15, 2019 balance due is $390.00)
  (out-of-town dancers, please mail registration forms and check to Dancers’ Workshop at 10745 Linkwood Court. – Baton Rouge, LA  70810)

A **non-refundable $50.00 registration fee** is required to secure your spot and will be applied toward Intensive Fee.

**Questions? Call the Dancers' Workshop at 225-767-5814 or e-mail dancersworkshop@dancersworkshop@bellsouth.net**
Dancer’s Name: _______________________________  DOB: _______  Age: ______

Dancer’s Cell#: _____________________________  Dancer’s Email: ___________________________

Parent/Guardian Name: ________________________  Parent Cell: ____________________________

Home Address:  ______________________________________________________________________

City: _________________________________  State: ______  Zip: ______________________________

Home Phone: _____________________________  Parent e-mail: _____________________________

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

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

APPLICABLE COSTS:

Non-Refundable $50 registration is required to secure your spot and will be applied toward fee.

Make checks payable to the Dancers’ Workshop

BRBT / Dancers’ Workshop students: (Check applicable payment)
  o $350.00 ___________ if paid by June 15, 2019 (after June 15, 2019 balance due is $380.00)

Other participants: (Check applicable payment)
  o $380.00 ___________ due June 15, 2019 (after June 15, 2019 balance due is $390.00)

Fees Paid:  Deposit:__________ Date Paid:__________  Cash /Check #________

Paperwork received:_______________________  Complete:_________________________

Balance Paid___________________  Date Paid__________Cash/Check #________

Staff Member:____________________________
Baton Rouge Ballet Theatre
Medical Information Form

**PLEASE WRITE LEGIBLY!!PLEASE WRITE LEGIBLY!!PLEASE WRITE LEGIBLY!!**

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**
Baton Rouge Ballet Theatre

**Medical Release Form**

We (I), ___________________________________________, the parent(s) or legal guardians of the minor child, authorize Baton Rouge Ballet Theatre and/or its officers, directors, agents, representative, or employees to seek and to authorize medical attention for my minor child, ___________________________________________, age _____, during the 2019-2020 ballet season.

_______________________________________________
Parent’s and/or Guardian’s Signature

_______________________________________________
Dancer’s Signature

OR

I, ____________________________________________, a person of the age of eighteen (18) or older, authorize Baton Rouge Ballet Theatre 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 2019-2020 ballet season.

_______________________________________________
Dancer’s Signature (age 18 or older)

**Waiver & Release of All Claims**

For ourselves (myself) and for and on behalf of our (my) child, we (I) hereby waive, release, and discharge Baton Rouge Ballet Theatre, 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 Senior Company of the Baton Rouge Ballet Theatre, or any portion thereof or group related thereto, and agree to indemnify and hold harmless Baton Rouge Ballet Theatre 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 Baton Rouge Ballet Theatre and/or its officers, directors, agents, representatives and employees, or otherwise.

_______________________________________________
Parent’s and/or Guardian’s Signature

_______________________________________________
Dancer’s Signature (age 18 or older)
Baton Rouge Ballet Theatre

Photograph/Likeness Release Form

We (I), __________________________________, the parent(s) or legal guardians of the minor child, authorize Baton Rouge Ballet Theatre 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 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.

_______________________________________
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