

2024 DANCE EDUCATION TRAINING COURSE APPLICATION

Name: _____

E-Mail address _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent Cell Phone: () _____ Student Cell Phone: () _____

DOB: _____ Age: _____

***Students must be 15 years of age or older by December 31, 2024
Please be prepared to prove students age with a birth certificate should any event arise***

Please check one in each column: Please see brochure for explanation of levels

First Year Student of Member Teacher Non-Member

Second Year Student of Member Teacher Non-Member

Scholarship Recipient

Teacher: _____

Studio: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Studio Phone: () _____ **Cell Phone:** () _____

E-Mail Address: _____

DETC Emergency/Medical Release Form 2024

Student Name: _____

Emergency Contacts

Parent Name: _____ Phone: _____

Parent Name: _____ Phone: _____

Please note: Parents will be called first. If parents cannot be reached, please provide the name and phone number of 2 other persons who may be called in the event of an emergency:

1. _____

Phone: _____

2. _____

Phone: _____

Doctor Information

Preferred Doctor Name: _____ Phone: _____

Preferred Dentist Name: _____ Phone: _____

Medical Insurance Information

Medical Insurance Provider: _____ Phone: _____

Address, City, State, Zip: _____

Medical Insurance Policy Number: _____

Policy holder Name: _____

Place of Employment: _____

Medical Information

Does the student have any allergies (including foods) ?	Yes	No
If yes, please list the allergen and reaction:		
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Please list any medications your child is taking and why (including inhalers) :		
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Please list any health problems , surgeries or illnesses which may affect your child's participation in DETC:		
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Student Name: _____

I/We, the undersigned, are the parents having legal custody, or the legal guardian of the above listed student, and have given our consent for him/her to attend the 2024 DTCB/AS Dance Education Training Course. In the event the student is injured while attending DETC and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician.

In the event treatment is called for, which a physician and /or hospital personnel refuses to administer without my/our consent, I/we hereby authorize a DETC Staff member to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call.

In the event it becomes necessary for that person to give consent for us, I/we agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the person named above at the time of the DTCB/AS Dance Education Training Course, July 30-August 2, 2024

Parent/Guardian signature

Relationship to Student

Date

Cell Phone- (_____) _____

APPLICANT

I _____ have read, understand and agree to abide by the information, guidelines and requirements stated in this brochure. I understand that deviation from standard acceptable behavior will result in being dismissed from DETC. I understand that DTCB/AS, DETC, the organizers, instructors and the event site are not liable for personal injury, or loss of, or damage to personal property.

Applicant's signature required

Date

PARENT/GUARDIAN

I _____ on behalf of the applicant registering for DETC, have read and agree to abide by the information, guidelines and requirements stated in this brochure. I also agree to release DTCB/AS, DETC, its organizers, instructors and the event site from any and all claims in the event of personal injury sustained or property lost during the event.

I give permission for images captured during Dance Education Training Course through video, photo and digital camera, to be used solely for the purpose of promotional materials, websites and publications and waive any rights of compensation or ownership thereto unless otherwise notified.

Parent/Guardian signature required

Date

TEACHER

I _____ recommend the above applicant for participation in DETC. I have read, understand and agree to abide by the information, guidelines and requirements stated in this brochure. I agree to release DTCB/AS, DETC, the organizers, instructors and the event site from any and all claims in the event of personal injury sustained or property lost during the event.

Teacher's signature required

Date

Applicants or Member Teachers:

Please print out forms with all signatures.

Scan and upload to: <https://dtcb.wildapricot.org/event-5374516>

Please fill out the online sign-up form and submit documents. Payment can be made through website (website pricing includes the 5% fee) or by one studio check mailed by Member Teacher by June 30, 2024. Individual payments by Students will not be accepted.

Debbie Lamontagne
100 Belmont St.
North Andover, MA 01845

Online sign-up method is preferred, it is your preference to pay online or mail a check. Please email any questions to: DETC@danceteachersclubofboston.com / Deb Cell Phone: (978) 273-7481

Confirmation packets will be e-mailed to *students & teachers*. These packets will include acceptance letter, class schedule, itinerary, Year 2 Teach-In guidelines.

Fee Information

PRE-REGISTRATION IS REQUIRED - REGISTRATION DEADLINE JUNE 30, 2024

Member Teacher Student	Registration Fee (non refundable)	Tuition (Includes All Classes/ Banquet ticket)	Performance Wear (Please Circle) Small, Med Large, XLarge	DETC 2024 T-Shirt (Optional) (Please Circle) Small, Med Large, XLarge	Total
YEAR 1	\$50.00	\$500.00	\$40.00	\$25.00	\$
YEAR 2	\$50.00	\$500.00	\$40.00	\$25.00	\$

Students of Member Teacher

- Must proceed through the course Levels in consecutive order: Year 1 & 2
- Must reach their 15th birthday by December 31st of the year they begin DETC
- Maximum time allotted for completion of the course is five (5) years.

Non Member Teacher/ Dancer	Registration Fee (non refundable)	Tuition (Includes All Classes/ Banquet ticket)	Performance Wear (Please Circle) Small, Med Large, XLarge	DETC 2024 T-Shirt (Optional) (Please Circle) Small, Med Large, XLarge	Total
YEAR 1	\$50.00	\$550.00	\$40.00	\$25.00	\$
YEAR 2	\$50.00	\$550.00	\$40.00	\$25.00	\$

Non-Member Teacher/Dancer

- Must proceed through the course Levels in consecutive order: Year 1 & 2
- Non-Member students are NOT eligible for any scholarships or awards.
- Must reach their 15th birthday by December 31st of the year they begin DETC
- Maximum time allotted for completion of the course is five (5) years

Member Teachers (with no enrolled students)	Observation Per Day	Classes Only	Total
	\$50.00	Tues / Wed / Thurs	\$

- Will receive notes for both Year 1 and Year 2
- May OBSERVE both Year 1 and Year 2 classes but may NOT physically participate in class
- May NOT observe Teach-Ins ****FREE OBSERVATION for Member Teachers with enrolled Students****