

Summer DanceFest 2024 - June 17- June 29

Registration & Medical Release

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

Presented by Idaho Dance Theatre

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

Class Schedule (check your selection)

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

___ Low Intermediate Ballet (10 classes)

___ Intermediate Ballet (10 classes)

___ Advanced Ballet (10 classes)

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

___ Low-Intermediate Pointe (9 classes)

___ Advanced Pointe (9 classes)

___ Men's Class (9 classes)

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

___ Intermediate Pointe (9 classes)

___ Pas de deux-Advanced only (9 classes)

12:15-1:00 Lunch

1:00-2:10 daily—Monday- Friday Week I, Mon–Thursday Week II (Plus Saturday, June 22 at 2:20 p.m.)

___ Ballet Choreography (10 rehearsals)

2:15-3:30 daily—Monday –Friday Week I, Mon –Thursday Week II (plus Saturday June 22 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—Monday- Friday Week 1, Mon-Thursday Week II (Plus Saturday June 22 at 11:15 a.m.)

___ Jazz and Hip Hop Choreography (10 rehearsals)

4:50-6:00 daily—Monday- Friday Week 1, Mon- Thursday Week II (Plus Saturday June 22 at 1:00 p.m.)

___ Contemporary Choreography (10 rehearsals)

___ **Total Classes**

Add the number of classes and choreography sessions to determine option

___ Option A \$555 - 2 weeks all classes and performances

___ Option B \$410 - 31-50 classes

___ Option C \$340 - 21-30 classes

___ Option D \$240 - 16-20 classes

___ Option E \$200 - 11-15 classes

___ Option F \$165 - 10 classes (available only for Ballet technique or Modern/Jazz)

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

Contact Yurek Hansen for more information info@idahodancetheatre.org

Summer DanceFest 2024 T-shirt- Dancers registered for option A will receive a FREE DanceFest T-shirt, otherwise it is \$20.

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 the entire amount of the workshop. Registration and payment for classes due by June 4, 2024.

Make checks payable to **Idaho Dance Theatre.**

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

Yurek Hansen, Idaho Dance Theatre, PO Box 6635, Boise, ID 83707

Refund Policy: Participants are entitled to a 100% refund, less a \$50 processing fee if cancellation occurs by June 4, 2024.

Summer DanceFest 2024 Medical Consent and Information Form

Emergency Contact

Participant Name
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Date of Birth

Cell Phone Number
()

Parent's/Guardian's Name (if under 18)
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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 2024 at Boise State University, I, the undersigned parent/guardian of _____ understand that s/he, in attending the classes and rehearsals 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 2024, 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 2024, 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 2024 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