



Application Form SunDance

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Toronto, ON M4X 1P3
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Office Use Only	Office Use Only
Program: _____	Date rec'd: _____
	Paid in full: <input type="checkbox"/>
	Method of Pmt: _____
	Receipt #(s): _____
	Package sent: _____
	Date Confirmed: _____

Student Information

Name: _____ Male Female Date of Birth: _____ Age: _____
Day/Month/Year As of July 5/10

Address: _____
_____ Email: _____
Postal/Zip Code Country

Home Phone: _____ Cell Phone: _____

Parent/Guardian Information

Name(s): _____

Address (if different from above): _____
_____ Email: _____
Postal Code/Zip Code Country

Home Phone: _____ Work Phone: _____

Release Form

I hereby certify that my child is in good physical condition and is able to participate fully in this program. All current medical conditions are outlined on this form. I understand the inherent risk involved in the physical activity of dancing and I release CCDT and its teachers from liability in case of accident or injury. I understand that all classes will be conducted in the safest possible manner by trained professional instructors.

NAME OF STUDENT: _____

NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

ALLERGIES/MEDICATIONS: _____

HEALTH CARD # _____

Your contact information will remain in our possession for company/school purposes only. If you do not wish to receive future mailings, please check here

Application Form

Please complete the following:

For how many years have you trained in Ballet? _____ RAD Cecchetti Other—please specify: _____

What level of Ballet are you currently training in? _____ Number of these classes per week: _____

Last RAD examination (or equivalent) passed: _____ Date passed: _____ Result: _____

Are you currently preparing for a RAD VG exam? No Yes Level _____ Session (Summer/Fall/Spring) _____

For how many years have you trained in Modern? _____ Limón Graham Other - please specify: _____

What level of Modern are you currently training in? _____ Number of these classes per week: _____

What other forms of dance are you currently training in? _____

Name of dance school and city: _____

Name of Ballet teacher _____ Name of Modern teacher: _____

***All applications must be accompanied by a full-length, front view snapshot of the dancer standing with one leg in tendu à la seconde, arms in 2nd position.
* Please include a reference letter from your dance teacher.**

Applications will be processed in order of those received. Due to enrolment limits, application does not guarantee acceptance. A comprehensive information package will be sent approximately one month after closing date.

Please check the appropriate boxes and remit payment to “School of CCDT”:

Full Program Early Payment, by April 16, 2010 (\$950 CAD) Regular Payment, by May 14, 2010 (\$1000 CAD)

Yes, I want Residence (\$995 CAD) Price includes accommodations and breakfast

OR Introductory Program Early Payment, by April 16, 2010 (\$400 CAD) Regular Payment, by May 14, 2010 (\$450 CAD)

Method of Payment: Please find my cheque enclosed Please charge fees to my VISA (\$7 additional surcharge applies)

VISA #: _____ Expiry Date: ___/___/___ Name: _____ Signature: _____

CCDT staff will be taking photographs throughout the course of SunDance. These photographs will be used solely for the promotional purposes of the School of CCDT in upcoming years. The children will not be named in these materials.

In signing the form below I waive all rights to the photographs and allow them to be used for their intended purpose. I understand that no fee or reimbursement for the images will be offered.

Signature of Parent/Guardian

NO, I do not wish photos of my child to be used.