

BDC Summer Professional Semester 2017 Application



(p) 212/582-9304 x 82 ♦ (f) 212/956-9088 ♦ prosemester@bwydance.com

Contact Information

Last Name:	First Name:	
Permanent Email Address:	Mobile Phone:	
Date of Birth (Month/Day/Year):	Other Phone:	
Street Address:	City, State, Zip:	
How did you hear about the program (if 'friend' please put his/her name):		
Emergency Contact, Name:		
Street Address:	City, State, Zip:	
Email Address:	Mobile Phone:	

Application

On a separate sheet please submit concise typed answers to the following items:

- 1. Describe what you hope to accomplish during the program.
- 2. What are your goals after completion of this program? Do you plan to pursue a professional career in dance?
- 3. What value will you bring to the program and to BDC?
- 4. Are you currently attending school? If yes, what school and what is your major? If no, what is your current focus (working, training, teaching, traveling, etc.)?

With this printed application form please also submit the following items:

1. Dance résumé

- 2. Work résumé
- 3. Two letters of recommendation
- 4. Headshot or dance photo
- 5. Personal Statement of 50 words or less
- 6. Two minute YouTube URL that displays your technical ballet ability and personal style with a brief introduction of yourself at the start of the tape (Please, no VHS cassettes, YouTube preferable to DVD.)
- 7. Proof of US Citizenship (Copy of US Passport, Drivers License, or photo ID)
- 8. Completed Professional Semester Health Form signed and stamped by your physician.
- \$50 Application Fee payable to Broadway Dance Center (check, money order, Visa, Master Card, or Amex)
 Click here to pay by Credit Card -- Once completed, please forward your receipt to
 ProSemester@bwydance.com

Please mail all application materials to:

Broadway Dance Center Professional Semester 322 West 45th Street, 3rd Floor New York, NY 10036





Program Guidelines

- Students take 12 classes per week (Monday Sunday) from our open class schedule, enjoy an industryrelated seminar each week, and a closed master class as well. Tuition also includes rehearsals for the closing showcase.
- Each student will serve as staff at our Summer PULSE event tentatively scheduled for July 20-24, working behind the scenes at this blockbuster workshop, and will also have the opportunity to take class there as well.
- The BDC Summer Professional Semester is a rigorous full-time course of study, so it is imperative that you come prepared to give the program your highest priority.

Additional Information

- While we cannot provide housing during your stay, we are happy to suggest reliable and safe ways of securing accommodation.
- In many cases the BDC SPS may be accepted for college credit please contact us for a list of universities that grant credit for the program, or speak to the Dance Department representative at your school.
- This program is only available for U.S. Citizens and Resident Aliens (Green Card holders).

Tuition

- Tuition for our summer session is \$2,250, which includes all classes, seminars, Master Classes, rehearsals, performance opportunities, and advising sessions.
- If you choose to take additional classes beyond your mandatory 12 per week, you may do so at a reduced class rate.
- Once you are accepted into the program, a deposit of \$1125 (half tuition) is due as soon as possible after acceptance to secure your spot: the balance is due upon starting the program.
- There are no refunds once you have begun the program.
- Admission is rolling and so acceptance notification will be on an ongoing basis. If you are accepted, the first half of your tuition will be due within 30 days of your notification in order to secure your spot.

Dates to Remember

(subject to change)*

SPS Session Start Date	Application Deadline	End of Program	Tuition
June 5, 2017	May 26, 2017	August 6, 2017	\$2,250

^{*}please visit http://www.broadwaydancecenter.com/training/summer_pro_sem/index.shtml for the most up-to-date tuition rates.





RELEASE AND WAIVER

I understand that dance instruction requires physical exertion. I also acknowledge that injury may result during instruction, including but not limited to as a result of physical contact with other students, instructors, or fixed or movable objects, or the condition of the floor. I represent that I am medically and physically able to safely participate in dance classes, workshops, rehearsals, photo shoots and performances and to meet the physical demands thereof. I agree to assume all risks associated with participating in dance instruction, workshops, rehearsals, photo shoots and performances at or in connection with Broadway Dance Center. If, at any time hereafter, I have any medical or physical limitation or condition that might affect my ability to safely participate in dance classes, workshops, rehearsals, photo shoots or performances, or meet the physical demands required thereof, I will make such limitations and conditions immediately known to Broadway Dance Center.

In view of the foregoing, and as a term and condition of receiving dance instruction at Broadway Dance Center, I, for myself, my spouse, heirs, legal representatives and assigns, expressly release, waive and discharge Broadway Dance Center, its officers, directors, employees, agents, successors, predecessors, sponsors, legal representatives and assigns, from all present and future claims, demands, actions, judgments, executions and liabilities of any kind, known or unknown, that now have, ever had or may have, or claim to have, against Broadway Dance Center, its officers, directors, employees, agents, successors, predecessors, sponsors, legal representatives and assigns, created by, as arising out of, any dance instruction, workshop, rehearsal, photo shoot, performance or related activity, regardless of where held or when held, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities, breach of contract or otherwise, and whether for bodily injury, property damages or loss or otherwise. This release is for the entire premises of Broadway Dance Center, including but not limited to locker rooms, studios, bathrooms, parking areas, sidewalks, alleys, stairwells, elevators, buildings and grounds.

I hereby represent that I am over eightee Dance Center's Professional Semester, in		by all the terms and conditions of Broadway
	-	
X		
Signature	Write name	Date





COMPULSORY HEALTH FORM

This health form must be signed by a physician and stamped with an official stamp.

This form is a confidential document solely between the student and BDC.

TODAY'S DATE:	COURSE START DATE:	LENGTH OF COURSE:	
LAST NAME:	FIRST NAME:	NICK NAME:	
☐ MALE ☐ FEMALE (check one)	DATE OF BIRTH:	Please write out-date month year (ex. 18 April 1982)	
PARENT'S NAME:	PARENT'S PHONE NUMBER:		
IN CAE OF EMERGENCY NOTIFY:			
PHONE NUMBER AND EMAIL:			
RELATIONSHIP TO STUDENT:			
MEDICAL HISTORY 1. Please list any medical conditions you have: may include asthma, allergies, diabetes, heart of the conditions where the conditions are conditions that you take. Please include recommend that you bring what you may not be conditions.	ude birth control pills, vitamins and minerals.	an.	
NON-PRESCRIPTION:			
PRESCRIPTION:			
3. List any allergies or reactions you have had to	o medications.		
MEDICATION	REACTION	DATE	
4. Do you smoke?	□YES	□NO	
5. List any allergies or reactions you have to foo	ds, molds, pollens, bees, insects, animals etc.		





6. List any physical or dance related problems you have including injuries, bone, joint, or muscular disorders, etc.				
7. Have you ever been hospitalized? (If yes, please specify below including dates)	□YES	□NO		
PHYSICAL ILLNESS:				
INJURY:				
SURGERY:				
PSYCHIATRIC:				
8. Have you been diagnosed with mental heal BDC should be aware of?	th issues, severe stress, moo	d change, or personality disorder		
9. Have you been vaccinated for the following 10. Please list all doctors' information below,		☐ Measles ian, chiropractors, physical therap	☐ Mumps	
PRIMARY PHYSICIAN	TELEPH	HONE		
OTHER HEALTHCARE PROVIDERS		TELEPHONE		
11. Student Declaration				
l,	confirm that the informa	tion provided on this form is correc	ct and true.	
Student's signature	Dat	e		
12. Doctor's Statement				
I, mentally fit to participate in 18 hours of dance listed in this health form is true and correct.	confirm that per week whilst studying at B	roadway Dance Center. I confirm t	is physically and hat the above information	
Doctor's Signature (required)	Date	Doctor's Offic	ial Stamp	
Doctor's Address	Telephone Number	Email		