Colby-Sawyer College
2015 Summer Dance Intensive Application

**Week I Information**

Week I will immerse intermediate and advanced dancers (having completed grades 6-11) in three classes daily, from 9 a.m. to 4 p.m. with specialized instruction in ballet, jazz and modern.

**Required dance attire:**
- Girls – black leotard, pink ballet tights and slippers, jazz shoes
- Boys – black dance tights or athletic shorts, white t-shirt, black or white ballet slippers, jazz shoes

**Optional:**
- Contemporary dance footwear, short ballet skirt (black), dance shorts (black)

**Required additional application materials for Week I:**

Each dancer will submit a written recommendation from his or her current studio instructor to Colby-Sawyer College.

Recommendations should be mailed to:

Assistant Professor Laura Dunlop Shepherd
Colby-Sawyer College
Fine and Performing Arts Department

**Week II Information**

Week II will offer two sessions (having completed grades K–2, 9–10:15 a.m., and having completed grades 3–5, 10:30–11:45 am) and give dancers an opportunity to learn and improve technique in ballet and jazz.

**Required dance attire:**
- Girls – black leotard, pink ballet tights and slippers, jazz shoes
- Boys – black athletic shorts, white t-shirt, black or white ballet slippers, jazz shoes

**Optional:**
- Short ballet skirt
Dancer Information

Dancer’s Name: ________________________________________________________________

Date of Birth:_______________________  Grade completed by June 2015:____________________

Dancer Resides With

Parent/Guardian #1: ____________________________________________________________

Address: ____________________________________________________________________

____________________________________________________________________________

Email: _______________________________________________________________________

Phone (home):___________________ (cell):__________________ (work): ________________

Parent/Guardian #2: ____________________________________________________________

Email: _______________________________________________________________________

Phone (home):___________________ (cell):__________________ (work): ________________

Select Sessions
Admission is rolling for both weeks. Due to space limits, be sure to apply early.

☐ Week I - July 27 – July 31
$325 per student, 12 dancer limit
Tuition includes lunch and daily use of the indoor pool
Non-refundable deposit of $150 due upon registration. If, due to a dancer’s technique level not meeting the requirements of the program the student is not accepted into Week I, your deposit will be returned. Payment in full is due by May 1st.

☐ Week II - August 3 – August 7
$90 per student, 10 dancer limit per class
Payment is due in full upon registration

Please make checks payable to Colby-Sawyer College
and mail to:  
Assistant Professor Laura Dunlop Shepherd
Colby-Sawyer College
Fine and Performing Arts Department
541 Main Street
New London, N.H. 03257
In consideration of my child’s participation in the Colby-Sawyer College Summer Dance Intensive 2015 Program, I (Parent/Guardian Name): ____________________________________________________________

hereby release Colby-Sawyer College, its Trustees, Officers, Directors, Employees, and Agents from any and all liability that may arise from participation in the Summer Dance Intensive 2015 Program. I understand that exercise and physical activity sometimes results in physical injury, illness, or death. I hereby certify that my child is in good health and has never been diagnosed with any heart condition, which would limit participation in the Summer Dance Intensive 2015 Program. I further certify that my child has never been advised not to participate in exercise, and by signing this I acknowledge that I have read and understand this release.

Parent/Guardian Signature: __________________________ Date: __________________________

Medical Information (*Required fields)

*Family physician_____________________________________________ Phone _________________________

*Family dentist_______________________________________________ Phone _________________________

*List any allergies that your child has. Attach additional information if necessary.

*List any medical conditions or physical limitations of which the staff should be aware.

*Will your child use any medications while at the Summer Dance Intensive 2015 Program? Please note that the Counselors cannot administer medication and children will need to self-administer all medication.

If yes, please explain:

*In case of an emergency please list someone we may contact if we are unable to reach you.

Name/Relationship___________________________________________ Phone _________________________

If I cannot be reached, I hereby give permission to the physician(s) selected by Colby-Sawyer College to hospitalize, secure proper medical treatment, and to order injections, anesthesia and/or surgical procedures for the child named above. I also agree that I am responsible for all medical costs.

Parent/Guardian Signature: __________________________ Date: __________________________

Photo Permission

I hereby give permission for my child’s photo to be used in publicity materials associated with the Summer Dance Intensive 2015 Program.

Parent/Guardian Signature: _________________________________________________________________