



REGISTRATION FORM

JUNE 14 – 25, 2011 • TAMPA, FL

HOSTED BY THE UNIVERSITY OF SOUTH FLORIDA

This form is designed to be filled in on your computer.

Please fill in and fax it to 786-472-4178 or mail it to the address at the bottom of the page

Checks are not accepted for faxed or e-mailed registration forms, credit cards only. You will not be considered registered until payment has been received
APPLICANT INFORMATION (minimum age 11): Registration forms are processed in the order received. Students are encouraged to register early as class sizes are limited. Once the program fills up, students will be placed on a waiting list. A separate, signed form is required for each individual registering.

NAME				AGE		GENDER	<input type="checkbox"/> Female	<input type="checkbox"/> Male
ADDRESS								
CITY				STATE		POSTAL / ZIP CODE		
DAY PHONE			EVENING PHONE			MOBILE PHONE		
E-MAIL				HAVE YOU ATTENDED THE FESTIVAL BEFORE?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
IF NOT, HOW DID YOU HEAR ABOUT THE FESTIVAL? (please check only one)		<input type="checkbox"/> RECEIVED BROCHURE IN THE MAIL <input type="checkbox"/> SAW A FRIEND'S BROCHURE <input type="checkbox"/> DANCE TEACHER SCHOOL REFERRAL <input type="checkbox"/> FACEBOOK OR EMAIL <input type="checkbox"/> OTHER _____						

Indicate the priority of your classes within each chosen period by numbering each class in the appropriate time periods with 1 being your first choice. Class sizes are limited so if your first choice class is filled when we receive your form, we will place you in your second choice class, etc. While we make every effort to give you your first choice, classes are filled on a first come, first served basis in the order we receive registration forms. Therefore, we encourage you to register promptly to assure placement in your first choice classes. Students signing up for 5 classes per day please be sure you are physically able to handle that many classes. **Students enrolling in Level 3 technique classes must have at least 2 years of consistent training in the discipline, for Level 4 at least 3 years, and for Level 5 4 or more years of training is required with the ability to dance at a highly advanced level**

8:30 am – 10:00 am	10:15 am – 11:45 pm	1:00 pm – 2:30 pm	2:45 pm – 4:15 pm	4:30 pm – 6:00 pm
— Modern 3 (Smith)	— Modern 5 (Rogers) (minimum age 16)	— Teacher Training (Petrinovic, 2 periods) Must take both periods	— Teacher Training (Petrinovic, 2 periods) Must take both periods	— Water Ways Repertory (Andree)
— Modern 4 (Salk)	— Int Ballet (Carroll)	— Jazz Repertory (Eckman)	— Dancing With Disability Technique (Scott & Malikina)	— The Sonic Body (Clark)
— Adv Ballet (Carroll)	— Adv. Jazz (Eckman)	— Hip Hop (Archibald)	— Modern Repertory (Salk)	— Int Jazz (Eckman)
— Contact Improvisation (Rogers)	— Site Specific Choreography (Andree) (experienced Choreographers only)	— Modern Repertory (Salk)	— Hip Hop Repertory (Archibald)	— Dancing With Disability Repertory (Scott & Malikina)

CALCULATE YOUR FEES

FULL TIME TUITION <i>includes performance tickets</i>	REGULAR RATE	FDA MEMBER RATE	FEES <i>Please check your addition</i>
Five classes per day	\$650	\$575	
Four classes per day	\$550	\$475	
PART TIME TUITION <i>Does not include performance tickets</i>			
Three classes per day	\$425	\$375	
Two classes per day	\$370	\$330	
All Students under 18 years of age must take this option, ROOM & BOARD <i>(13 nights; check in June 13 – check out June 26, before noon)</i>			
Includes one set of Linens, Single		\$860	
Must be 18 years of age or older for this option ROOM ONLY <i>(13 nights; check in June 13 – check out June 26, before noon)</i>			
Includes one set of Linens, Single		\$455	
SUBTOTAL			
Plus Nonrefundable Registration Fee			\$40.00
Plus FDA individual membership (\$25 student rate, valid student I.D. required and sent with payment ; \$40 non-student rate)			
TOTAL FEES			
Amount Enclosed (minimum 50% of Total Fees)			
BALANCE DUE BY JUNE 1, 2010 <i>(please double-check your calculations)</i> <i>Please note that full payment is due if you are registering after June 1, 2011</i>			

SUITE MATES: If you know who you would like as a suitemate please tell their name. _____

METHOD OF PAYMENT *(please check only one)*

Check or Money Order payable to Florida Dance Association Mastercard Visa American Express

CREDIT CARD INFORMATION

NAME AS IT APPEARS ON CARD			
CARD NUMBER		EXPIRATION	____ / ____ (01 / 10r)
CARDHOLDER SIGNATURE Please type in name			

LIABILITY AGREEMENT *(please read carefully)*

All Festival participants, including Observers, **must** complete and sign this form. If participant is under age 18, a parent or guardian must also sign. **Registrations will not be processed if this form is not properly signed.**

I, the undersigned, recognize and understand the risks of physical injury inherent in dance and dance training and I fully assume those risks. I agree that I will not hold Florida Dance Association, University of South Florida, or any faculty member or employee of either, liable for injuries sustained or illnesses contracted by me while in attendance and/or participating in the Florida Dance Festival. I agree to indemnify and hold harmless Florida Dance Association, University of South Florida and all faculty members and employees of both entities for all liabilities, costs and judgments arising from acts or omissions committed by me which result in injury or damage to any person or property.

I understand and agree that it is my sole responsibility to safeguard my personal property while in attendance and/or participating in the Florida Dance Festival. I agree that I will not hold Florida Dance Association, University of South Florida or any faculty member or employee of either responsible for the loss or damage of my personal property while in attendance and/or participating in the Florida Dance Festival. I also agree to abide by any rules, regulations and policies set forth by Florida Dance Association and/or University of South Florida.

In case of physical injury or medical emergency, I hereby authorize Florida Dance Festival staff to make necessary arrangements to transport me/my child to a medical treatment facility as necessary. In extreme emergency, or if I am under 18 years of age, I understand that Florida Dance Festival staff will make every attempt to notify the person(s) I have named below as my emergency contact(s) of my condition and how to reach me.

I acknowledge that I have read and understand the cancellation and refund policy and I agree that I am entitled to a refund only under the conditions specified.

PARTICIPANT SIGNATURE		DATE	
PARENT / GUARDIAN SIGNATURE <i>(if participant is under 18)</i>		DATE	
PARENT / GUARDIAN NAME			
PERSON TO CONTACT IN CASE OF EMERGENCY		RELATION TO PARTICIPANT	
EMERGENCY PHONE NUMBERS	DAY (____) _____ EVENING (____) _____ CELL (____) _____		
PLEASE DESCRIBE ANY MEDICAL OR PHYSICAL CONDITIONS, INJURIES, ALLERGIES, ETC.			

Fax with credit card information to 786-472-4178

Mail completed form with payment to: Florida Dance Association, PO Box 415818, Miami Beach, FL 33141-5818.