



Maple Conservatory of Dance

Student Enrollment Application (Conservatory Program 2018/2019)

*****DUE May 15th*****

Please complete this application and submit either in person or by mail. The **\$100.00** application fee is *non-refundable* and must accompany the application. \$50.00 of the application fee will be credited toward tuition once enrolled. Enrollment in our conservatory program is limited and is not guaranteed. Once we have scheduled you for a preliminary placement class, and once placement is determined, we will notify you of placement and enrollment procedures.

For dancers interested in applying to our Professional Division (recommended ages 13 to 20), a separate application is required in addition to this application. The Professional Division audition class will be scheduled the week of **August 13th, 2018**. Attendance is required unless alternative arrangements are made in advance.

I am interested in being considered for the Professional Division-Maple Youth Ballet Jr. Company
**(Recommended Age 11 to 14 by 9/1/18)

I am interested in being considered for the Professional Division- Maple Youth Ballet Sr. Company
**(Recommend Age 14 to 20 by 9/1/18)

Please note that acceptance into the Professional Division is only **by audition. Audition for the Professional Division will be held on the same day as the scheduled placement class. Students who are close to the recommended age ranges will be considered if he or she demonstrates the appropriate level of skill and maturity required.*

Applicant (Dancer) Name: _____ **Date of Birth:** _____ **Age:** _____

Gender: _____ Female _____ Male

Applicant's Home Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Telephone:** _____

Applicant's Email Address: _____

Mother/Guardian Name: _____

Home Address (if different from applicant) _____ **City:** _____

State: _____ **Zip Code:** _____ **Telephone:** _____

Mother's Email Address: _____

Father/Guardian's Name: _____

Home Address (if different from applicant) _____ **City:** _____

State: _____ **Zip Code:** _____ **Telephone:** _____

Father's Email Address: _____

Parent Participation:

In order to provide the quality instruction and programs we offer at the Maple Conservatory of Dance parent participation and support is vital! Please indicate your interest/availability to assist us in our efforts to provide exceptional instruction to the dancers in our school.

I am interested in volunteering in the following areas: Fundraising Events Office Assistance

Production Assistance Costuming Assistance Other, describe _____

I am unable to provide assistance or volunteer.

Thank you for applying to the Maple Conservatory of Dance! Upon review of your application, you will be notified of your scheduled preliminary placement class. We will look forward to seeing you soon.

Indemnification

MC programs include dance training and educational activities. I understand that there is some risk of injury inherent in the dance training and educational activities included in the dance classes and that MC shall not be responsible for injuries or damages suffered by my child caused or alleged to be caused by the negligence of MC.

I further understand and accept that, in order to be taught correctly, my child's dance training may involve the use of touch by a MC faculty members, as a necessary tool to correct placement, lines and positions.

In signing this form, I also accept and understand that my child may be photographed, filmed, and/or interviewed in a MC supervised environment for the sole use of promotions for the school and/or company.

I also agree to hold MC harmless from any and all claims, costs, liabilities, expenses, judgments, including attorney fees and court costs (herein collectively called "claims") arising out of my child's participation in MC programs, for any illness or injury resulting there from. I hereby further agree to indemnify and hold harmless MC and its staff and all officers of MC from and against any and all such Claims except Claims caused by the gross negligence or willful misconduct of MC.

Students may on occasion, be interviewed by the press to promote activities of the school and company. In signing this form consent to authorize the use and reproduction by the Maple Conservatory of Dance of any and all photographs, recordings, videotapes, and or other reproductions of likeness of the student's person or characteristics (reproductions) which have been secured by or for the Maple Conservatory of Dance, for any purpose whatsoever, without compensation to the student. I also release, discharge, and agree to hold harmless the producers or any persons, or entities acting under permission or authority from any liability arising from the use of said reproductions.

This authorization shall remain effective at all times.

I (we) the parent(s) or legal guardians of _____ have read
(Students Name)

understood and agreed to the above tuition and indemnification statements. I hereby give my permission for my son/daughter to attend MC and participate in all activities included.

_____/_____/_____
Signature of Parent or Legal Guardian Date

To be completed by Maple Conservatory of Dance Staff:

Received: _____ Reviewed by: _____ Placement Class Date/Time: _____

Level Placement:

New Students Only

Applicant's Prior Ballet/Dance Training: (Returning Students Do Not Have To Fill This Section Out)

Age when ballet training began: _____ Years of ballet training: _____ Years of pointe training: _____

List of Studios Attended:

Name of studio: _____ City/State: _____

Date of attendance: _____ List of Classes Taken: _____

Level placement at your prior school: _____ # of levels at your prior school: _____

Instructors: _____

Applicant's Prior Ballet/Dance Training: Continued

Name of studio: _____ City/State: _____

Date of attendance: _____ Last level placement: ____ # of levels at your prior school: ____

Classes Taken: _____ Hrs/Week: _____

Instructors: _____

Name of studio: _____ City/State: _____

Date of attendance: _____ Last level placement: ____ # of levels at your prior school: ____

Classes Taken: _____ Hrs/Week: _____

Instructors: _____

Ballet Training Goals and Objectives: (For New & Returning Students)

Please describe your dancing goals and objectives: _____

Please use this space to share any information you would like us to know about you: _____
