

2018 SUMMER DANCE Teen Intern Application

STUDENT INFORMATION: (Please Print Legibly)

Student Full Name:			
Age:	e: Birth date:		
Street Address:			
City:	State:	Zip code:	
Email Address:			
Does the student have any ailments or restrictions? YES or NO. If yes, please explain.			
		Grade completed:	
Any previous dance	training? CIRCLE YES or N	10	
If yes, how many ye	ars has the student been dancir	ng?	
List Current or previ	ious dance training or school(s)):	
How did you hear at	oout us?		

Parent & Guardian Information

Parent or Guardian Name 1:			
Relationship:	_		
Home Phone:	_Cell Phone:		
Parent or Guardian Name 2:			
Relationship:	<u> </u>		
Home Phone:	Cell Phone:		
Emergency Contact Name:			
Emergency Contact Relationship:			
Emergency Contact Phone:			
Medical Emergency			
seek medical treatment for the participant in	on Dance Center, its owners and operators to the event they are not able to reach a parent or tal problems, restrictions, or condition and/or I and mental health. I request that our		
* Doctor/Physician	be called and that my child be		
transported to *Hospital	·		
Release of Liability			
owners and operators from any and all liabilit whatsoever, arising out of or related to any lo	dersigned, while in or upon the premises or any of Passion Dance Center, its owners and		
* Signing your name here means you agree to the Release of Liability terms			

Application Materials

With this printed application please include the following.

- 1. Dance resume or dance experience history
- 2. One letter of recommendation
- 3. Personal statement. One page paper expressing your goals before and after completion of this program. What values you can bring to this internship.
- 4. One page paper on a professional dancer that inspires you and why they are influential and what you can learn from them.

Application deadline March 23.

Audition dates will be provided after application process.