



Sean McLeod / NYIDE Applied Study Application

APPLICATION FORM

Please Complete:

Personal Information:

Last Name: _____ First Name: _____

Age: _____ Birth date: _____ Male Female

U.S. Citizen: Yes No

If no, which country? _____

Resident Alien? (green card holder) Yes No

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

E-mail: _____

Permanent Address (if different from above): _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Parent/Guardian Information (if under 18 years of age) :

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Tel: (_____) _____ Bus. Tel: (_____) _____

Emergency Contact Information:

Name: _____ Home Tel: (_____) _____

Dance Training History: Current Dance Studio/School:

Name			
Address			
Years in Attendance	_____ to _____	# of classes Weekly	
Techniques Studied			

Former Dance Studio/School:

Name			
Address			
Years in Attendance	_____ to _____	# of classes Weekly	
Techniques Studied			

College/University:

Name				
Address				
Years in Attendance	_____ to _____	Degree (BA/BS)		Yr Received/ Expected
Techniques Studied				
Dance Academics Studied				

Tuition

Applied Study Levels			
1 Two Weeks daily \$3300	1 Semester \$4800	1 Year – Sept - June	\$6200

FORM OF PAYMENT (check one and fill in required information)

Enclosed is my **check** for \$ _____ made payable to: **NYIDE**

Please charge \$ _____ to my: Visa MasterCard American Express
 Discover

Card Number _____ Exp. _____
 Date _____

Name as on Card _____ Signature as on _____
 Card _____

Mail form and payment to: NYIDE
 PO Box 1101
 Auburn, NY 13021

Call in your Payment to: 315-252-0350

CONSUMER STATEMENT OF UNDERSTANDING

REFUND POLICY

Deposits and tuition are non-refundable. Deposits will be applied toward the tuition cost. If you are not accepted into the program due to lack of space, your money will be refunded. There are absolutely NO tuition REFUNDS. It is the responsibility of the participant or parent (payee) to make sure that the participant is using the program to his/her best interest. Applications will be reviewed promptly and on a rolling basis.

WAIVER AND RELEASE

I hereby agree to participate in the Applied Study Program given by the New York Institute of Dance and Education, it's officers, directors, employees, and agents (herein called the "Company") upon the understanding and conditions that :

1. I represent to the Company that I am physically capable of participating in a vigorous cardiovascular exercise program and that, to the extent necessary in light of my prior health history, weight and general physical conditions, I have consulted with my personal physician or other health authority before making such representation.
2. I recognize the risk of illness and injury inherent in any dance or exercise program and I am participating in the Company's program upon the express agreement and understanding that I am hereby waiving and releasing the company from any and all claims, cost, liabilities, expense or judgments, including attorney's fees and court cost (herein, collectively "claims") arising out of my participation in the Company's programs or any illness or injury resulting there from. I hereby further agree to indemnify and hold harmless the Company from and against any and all such claims except claims proximately caused by the gross negligence or willful misconduct of the Company.
3. I agree to inform the company before participation in any of its programs of any change in my physical condition which might in any way adversely affect my ability to participate in the program safely. I hereby execute and deliver this waiver and release to induce the Company to permit my participation in this program.

PLEASE SIGN BELOW

The placing of one's signature below also acknowledges approval for possible use of the registered student's name, photo or image in promotional material including but not limited to newspapers, television, advertisement, and other columns.

Student Signature

Date

If Student is Under 18:

I affirm that I have read the above Applied Study Program/New York Institute of Dance and Education Consumer Statement of Understanding, and that I am the legal guardian financially responsible for any outstanding balances unless otherwise requested in writing by me and signed by the designated payee below:

Parent/Guardian's Signature

Date

