

Dance Masters Of America, Inc.
Student Honors Intensive Program - Registration Form
State University of New York at Buffalo – Center for the Arts
July 26TH – July 30TH 2017
Arrival before 5PM July 25TH – Depart before 11AM July 31ST 2017

DEADLINE DATE FOR ALL PREREGISTRATIONS – MAY 1ST
SPACE IS LIMITED - APPLICATIONS WILL BE ACCEPTED ON A FIRST COME, FIRST SERVED BASIS
THERE IS A \$50.00 SURCHARGE FOR ALL REGISTRATIONS RECEIVED AFTER MAY 1ST
LATE REGISTRATIONS WILL ONLY BE ACCEPTED IF THERE IS SPACE AVAILABLE
REFUNDS ARE SUBJECT TO A 20% HANDLING FEE PRIOR TO JUNE 1ST
NO REFUNDS OR CREDITS PERMITTED AFTER JUNE 1ST
A COPY OF IMMUNIZATION RECORD MUST BE ATTACHED TO THIS APPLICATION
ALL FEES MUST BE PAID AT THE TIME OF REGISTRATION IN U.S. FUNDS DRAWN ON U.S. BANK
AND ALL CHECKS MUST BE MADE PAYABLE TO THE DANCE MASTERS OF AMERICA

NAME _____ FEMALE _____ MALE _____
 ADDRESS _____
 CITY/STATE/ZIP CODE _____
 HOME TELEPHONE: AREA CODE _____
 PARENT’S CELL PHONE: _____ STUDENT’S CELL PHONE: _____
 EMAIL ADDRESS: _____
 DATE OF BIRTH ____/____/____ AGE AS OF JULY 22ND, 2016 _____

Note: Students will be divided by age at the discretion of Dance Masters of America

I WILL BE ESCORTED TO THE UNIVERSITY BY A PARENT OR GUARDIAN: _____ YES _____ NO
 I WILL BE ESCORTED FROM THE UNIVERSITY BY A PARENT OR GUARDIAN: _____ YES _____ NO

TEACHER’S INFORMATION:

NAME OF TEACHER _____
 TEACHER IS A MEMBER OF CHAPTER # _____ TEACHER IS A NON-MEMBER _____
 ADDRESS _____
 CITY/STATE/ZIP CODE _____
 HOME PHONE: _____ WORK PHONE: _____
 EMAIL ADDRESS: _____ CELL PHONE: _____

FEES: INCLUDES ALL CLASSES, ROOM ACCOMMODATIONS, CHAPERONES, AND ALL MEALS & BANQUET

ADULT TSHIRT: ____ SM ADULT ____ MD ADULT ____ LG ADULT ____ XLG ADULT ____ XXL ADULT
 TOTAL FEE FOR DMA MEMBER’S STUDENTS \$945.00 \$ _____
 NON MEMBER’S STUDENTS \$990.00 \$ _____
 LATE FEE (ALL APPLICATIONS RECEIVED AFTER MAY 1ST) \$ 50.00 \$ _____
 EXTRA BANQUET TICKETS \$45.00 (IF AVAILABLE) \$ _____
TOTAL FEE PAID \$ _____

Roommate Preference: _____
 Note: Roommate preference must be mutual to be honored.

Payment needs to be made within 5 days of submitting forms. Please include a copy of form with payment.
Make checks payable to DMA, paid in U.S. Funds – drawn on a U.S. Bank and/or scholarship forms.
Mail to the National Treasurer's Office:

Charleen Locascio
4621 Reich Street
Metairie, LA 70006

SPECIAL NOTICE:

1. All payments by check or money orders made payable to the Dance Masters of America, Inc. in U.S. Funds, drawn on a U.S. Bank. **REGISTRATION FORMS WITHOUT FULL PAYMENT WILL BE RETURNED.** .
2. All registrations must be received at the National Treasurer's Office by the deadline date of May 1st.
3. All late registrations will be subject to space and chaperone availability. Parents of students, not registered by the deadline date of May 1st must call the National Treasurer at 504-454-1376 to check availability **before** traveling to ship program.
4. All late registration will be subject to a \$50.00 surcharge if accepted.
5. All Parents and Attendees are reminded that for the safety and security of all students, **no visitors are permitted to visit during the program.**
6. All Parents and Attendees must attach a copy of their complete immunization record which must be attached to this application
7. All Attendees must include with the SHIP Registration Form:
 - a Doctor's letter listing all food allergies and special dietary need that the attendee man have and that the attendee is fit to actively participate in the program.
 - a copy of the attendee's insurance card.
8. All Attendee's prescription medications, non-prescription medication, over the counter medications, patches, and analgesic creams, with the dosage and instructions must be turned in to the S.H.I.P. Administrator in their original containers, with written instructions upon arrival.
9. All Attendees coming by Air should fly into The Greater Buffalo International Airport which is a few minute driving distance to the State University of New York at Buffalo, Campus. Taxi cabs are available at the airport for a reasonable rate.
10. ALL THE REGISTRATION FORM, MEDICAL AUTHORIZATION FORM, ATTENDEE AGREEMENT, AND FULL PAYMENT MUST BE MAILED TO:
DANCE MASTERS OF AMERICA, INC.
NATIONAL TREASURER CHARLEEN LOCASCIO
4621 REICH STREET, METAIRIE, LA 70006
11. All Attendees, upon arriving on campus must go directly to their assigned dormitory.
12. All Attendees, upon arrival at the University, including those with parents in attendance and those over 18 years of age attending the Dance Masters of America's Student Honors Intensive Program will be assigned and Official Chaperone who will be responsible for the attendees during his or her stay at the University.
13. All Attendees are cautioned that **NO ONE, WITHOUT EXCEPTION, AND INCLUDING PARENTS IN ATTENDANCE,** will be granted permission to remove any SHIP Attendee from the care of the chaperone until the conclusion of S.H.I.P. and the parent or guardian assumes the responsibility for the attendee by affixing their signature to the release form provided.
14. All Attendees, traveling alone (including those who are 18 years of age) will be required to submit a presigned **"Parental Release Form"** from their parents and/or guardian upon arrival and **"DMA Release To Parent/Legal Guardian/Agent Form"** before departure so that they may be released unescorted at the conclusion of the S.H.I.P. Program.

DRESS CODE

Please follow the guidelines for the dress code and remember to wear cover-ups at all times when you are outside the classroom.

- Female: One-piece Leotards, (no two piece dancewear or undergarments showing)
Footed, Footless or Stir-up Tights
Cover-ups: permitted only for the beginning of class and must be worn outside the classroom
Appropriate Shoes for each class
- Male: Jazz Pants, Tights, or Dancer Shorts and T-Shirt
Dance Belt
Appropriate Shoes for each class

***All students must bring your basic black leotard, and your basic black jazz pants for showcase performance.**

DANCE MASTERS OF AMERICA MEDICAL AUTHORIZATION

That I, _____, am the parent or legal guardian of _____, and do hereby authorize the Dance Masters of America, Inc., their agents, servants and/or employees to obtain whatever medical and/or hospital care and treatment may be deemed necessary, within their sole discretion, while my child is attending the Dance Masters of America, Inc. Student Honors Intensive Program – S.H.I.P. UB, at the State University of New York at Buffalo, Buffalo, New York, from July 25TH, 2017 (arrival date) to July 31ST, 2017 (departure date).

Signature of Parent/Legal Guardian

State of _____, County of _____

On the _____ day of _____, 2017, before me personally came and appeared

_____ to me now and known to me to be the individual in and who executed the following Medical Authorization and who duly acknowledges to me that (s)he executed the same.

Signature of Notary Public

A COPY OF IMMUNIZATION RECORD MUST BE ATTACHED TO THIS APPLICATION

DANCE MASTERS OF AMERICA S.H.I.P. ATTENDEE AGREEMENT

In consideration for being accepted into the Dance Masters of America Student Honors Intensive Program S.H.I.P.– UB the undersigned, jointly and severally do hereby release the Dance Masters of America, Inc., the Officers of the Organization; the Directors and Assistants of the S.H.I.P. Program; the Chaperones; the Faculty; the State University of New York at Buffalo, Buffalo, New York, where the program will be held, facility in which the attendees will be housed; and the caterers used; from any and all claims for damages, or for injuries which the Attendee may sustain while participating in any and all activities with the Dance Masters of America, Inc. Student Honors Intensive Program – North and while in attendance at such a program.

Signature of Attendee

Signature of Parent/Legal Guardian

Signature of Teacher

Date

DANCE MASTERS OF AMERICA PARENTAL TRAVEL AUTHORIZATION

That I, _____, am the parent or legal guardian of _____, and do hereby give him/her permission to travel without a chaperone or adult supervision to the State University of New York at Buffalo, to attend the Dance Masters of America Student Honors Intensive Program – North arriving on July 25TH, 2017 and to be released by the Dance Masters of America on July 31ST, 2017 without a chaperone or adult supervision to travel home from the S.H.I.P. Program.

Signature of Parent/Legal Guardian

State of _____), County of _____)

On the _____ day of _____, 2017, before me personally came and appeared

_____ to me now and known to me to be the individual in and who executed the following travel Authorization and who duly acknowledges to me that (s)he executed the same.

Signature of Notary Public

DANCE MASTERS OF AMERICA, INC. RELEASE TO PARENT/LEGAL GUARDIAN/AGENT

The undersigned _____, the parent or legal guardian of _____, do hereby authorize Dance Masters of America, Inc., their agents, and/or authorized representative to return the above mentioned minor to _____, at the conclusion of the Dance Masters of America Student Honors Intensive Program – S.H.I.P. – UB who shall be authorized to receive custody of said minor on behalf of the said parent or legal guardian.

Signature of Parent/ Legal Guardian _____ Date _____

DANCE MASTERS OF AMERICA, INC. RELEASE FROM PARENTAL AGENT

MUST BE FILLED OUT AND SIGNED BY PARENT ON SITE

The undersigned _____, the parent or legal guardian, or agent designated and authorized to receive said child by said parent or legal guardian of _____, do hereby acknowledge that said child has been returned to such individual on July _____, 2017 at _____ (time).

Signature of Parent/ Legal Guardian _____ Date _____

HEALTH – MEDICATION & PRESCRIPTION INFORMATION

List all illnesses and allergies of Attendee: _____

Date of Attendee’s last Booster Shot: ____/____/____

Has the Attendee been ill in the last 14 days: Yes ___ No ___ Illness _____

PLEASE LIST ALL THE ATTENDEE’S PRESCRIPTION MEDICATIONS, NON-PRESCRIPTION MEDICATION, OVER THE COUNTER MEDICATIONS, PATCHES, ANALGESIC CREAMS, SPRAYS, ETC. - WITH THE DOSAGE AND INSTRUCTIONS.

THIS LIST AND ALL ITEMS LISTED MUST BE TURNED OVER TO THE ADMINISTRATOR UPON ARRIVAL AT THE SHIP PROGRAM IN THEIR ORIGINAL CONTAINERS. THERE ARE NO EXCEPTIONS. FAILURE TO COMPLY WILL RESULT IN IMMEDIATE EXPULSION FROM THE PROGRAM.

MEDICATION	DOSAGE	INSTRUCTIONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHECK LIST:

- | | |
|-----------------------------------|--|
| ___ MEDICAL AUTHORIZATION | ___ S.H.I.P. ATTENDEE AGREEMENT |
| ___ PARENTAL TRAVEL AUTHORIZATION | ___ RELEASE TO PARENT/LEGAL GUARDIAN/AGENT |
| ___ RELEASE FROM PARENTAL AGENT | ___ HEALTH–MEDICATION & PRESCRIPTION INFORMATION |
| ___ IMMUNIZATION RECORD | |