

2008 Praise & Worship Summer Workshop Application - Age 18[↑] Students

To apply: Please fill out pages 1-2 of the application form completely and accurately and submit with the following:

PRINT CLEARLY in Black Ink ONLY

2 Head Shot Photos (may be same)

\$45 (non-refundable) registration fee

Applications received after May 23, 2008: Full payment plus additional \$100 processing fee.

Permission from Workshop Director must first be obtained before submitting application after May 23, 2008.

First Week, June 22 – June 29 - Depart on June 29

Name _____

Age on June 22, 2008 _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone: Daytime _____ Cell _____

E-mail Address (print clearly - account statements will be emailed) _____

Church Denomination _____

T-Shirt Size: (FASHION T'S – RUN SMALL) Small Medium Large Extra Large XX Large

Or Standard T-Shirt Small Medium Large Extra Large XX Large XXX Extra Large

Housing Needed: Yes No Private Room (if available) Double Room

Roommate Requested _____

If you are requesting a roommate:

× Both of you must request each other

× You can submit only 1 name

× Ballet Magnificat! must receive both requests by May 23

Praise and Worship Dance Group _____

Dance Training: Type: Formal Informal None

Training Description: _____

How did you hear about Ballet Magnificat! and the Workshop? Company performance Internet

Friend Church Magazine, which one _____

How will you be arriving: Car Airplane Other: _____ Undecided

I understand that I am expected to maintain the highest standards of conduct at all times. As a participant in the Ballet Magnificat! Summer Teachers Workshop and Retreat, I will be willing to adhere to the guidelines and rules of the workshop.

Signature

Letter of acceptance/denial is mailed within a week of receipt of application.
If accepted into the summer program, you must submit the Additional Registration Forms.
ALL forms, including Transportation Form, are due by May 25, 2007.

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Dear Workshop Participant:

We often update our website and publicity materials and may use some pictures and video footage taken from past workshops. Plans have been made to take updated pictures for use in future brochures and other publications representing classroom and general workshop settings. Photos and videography would never be intentionally used in such a way to reflect negatively on their subjects. Please read and sign the release below if you consent to its conditions.

R E L E A S E

I, _____ (Print name), grant to Ballet Magnificat!, its employees, agents, and assignees, the right and permission to make, reuse, and/or publish photographic pictures or video tapings of me, which may be used in connection with my own or a fictitious name, for any purpose whatsoever including the use of any printed matter. I waive any right to inspect or approve either the finished photograph or video or the printed matter or video with which it may be used in conjunction.

Signature _____ Date _____

Print Name _____

CONFIDENTIAL RECORD Medical Emergency Release (Due May 23)

Please fill out completely.

Name: _____ Date of Birth: _____

Address: _____

Medical Insurance Carrier: _____ Policy # _____

Insured's Name and Date of Birth: _____

REQUIRED: Photocopy of current insurance card - attached.

Current Physician's Name (please print): _____

Physician's Office Phone: (____) _____ After-hours emergency #: (____) _____

EMERGENCY CONTACT (This is the person we will call if suffer a medical emergency):

Name: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Relationship: _____

CREDIT CARD INFORMATION

Card Type: Visa Mastercard American Express Discover Name on Card _____

Card #: _____ - _____ - _____ Exp Date: ____/____/____

Credit Card Authorization Signature: _____

> Describe any injuries or diagnosed conditions in the last year: _____

> Please list any/all allergies: _____

> Any presently existing or persistent condition/infection? (i.e. asthma, bursitis, etc.) _____

> Please list any medications you are currently taking: _____

> _____

> Are you on a special diet of any kind? (If yes, please explain.) _____

CONSENT FOR TREATMENT

In the case of an emergency where I am not able to make decisions for myself, I hereby agree to the performance of such treatment, anesthetics, and operations as deemed necessary by the attending physician.

Signature of Applicant

Date: _____

LIABILITY RELEASE

I/We hereby release Ballet Magnificat! and Belhaven College, their agents, employees, and volunteer assistants, from any liability whatsoever arising out of any injury, damage, or loss which may be sustained by the above-named person during the Summer Workshop.

Signature of Applicant

Date: _____

Name: _____

Transportation will be provided by which of the following (CIRCLE ONE):

AIRPLANE GREYHOUND AMTRAK AUTO

Airline: _____

TRIP TO JACKSON: (circle either am or pm time)

Departure Date:	Departure Time:	Flight # (bus/train #):	From (city):	To (city):	Arrival Time:
	AM/PM				AM/PM
	AM/PM				AM/PM
	AM/PM				AM/PM

TRIP HOME: (circle either am or pm time)

Departure Date:	Departure Time:	Flight # (bus/train #):	From (city):	To (city):	Arrival Time:
	AM/PM				AM/PM
	AM/PM				AM/PM
	AM/PM				AM/PM

EXAMPLE: airline: Northwest

Departure Date:	Departure Time:	Flight# (bus/train #):	From (city):	To (city):	Arrival Time:
Trip to Jackson:					
6/22	8:30 AM	2308	Denver, CO	Houston, TX	12:00 PM
6/22	1:15 PM	1462	Houston, TX	Jackson, MS	2:45 PM
Trip Home:					
6/29	9:15 AM	2596	Jackson, MS	Houston, TX	10:45 AM
6/29	12:00 PM	3404	Houston, TX	Denver, CO	3:30 PM

AUTO, driving self riding with: _____

Arrival in Jackson: Date: _____ Estimated Time of Arrival: _____ AM/PM

Departure from Jackson: Date: _____ Estimated Time of Departure: _____ AM/PM

- YES**, I will need transportation **FROM AND TO** the airport/station.
- YES**, I will need **SPECIAL ASSISTANCE** with my transportation and have written an explanation below.
- NO**, I will **NOT** need Ballet Magnificat's transportation assistance on arrival/departure days.
- Yes No Will you have your own car on campus?
- On the reverse side of this page, I have written additional pertinent information regarding my transportation needs.**

Name: _____ | _____
Last First Middle Prefer to be called by

Church Name: _____ Affiliation: _____

Describe your current relationship with Christ: _____

Dance Training

Give a brief history of your dance training, if applicable.

Do you currently take dance classes? If so, what kind and how often? _____

Ministry Experience

Are you currently part of a Praise & Worship Dance Ministry? If yes, tell us about your group, including how long you have been a part of it and your position within the group. _____

Give a brief history of your participation in Praise and Worship Dance. _____

What do you hope to achieve by attending this workshop? _____

What is your biggest struggle as a Praise and Worship Dancer, if applicable? _____

If you wish to elaborate further on any of these topics or have additional information for us, please use the space below.

Serious Medical Conditions

Due by May 23rd

Not applicable for this student.

Participant has serious medical condition and form is completed below:

Participant's Name: _____

If participant has a serious medical condition that we need to be aware of, please complete below. Some that we have dealt with in the past have been: severe nut allergy, epilepsy, diabetes, and eating disorders.

All of our staff, counselors and teachers are made aware of participants with conditions that may require special and emergency treatment.

Participants are instructed during orientation on ways to help us meet their needs. Also, we put emergency info and numbers on the back of the participant's nametag so it will be easily accessible to us in case there is a problem.

Thank you for your assistance in this matter.

Medical Condition(s) _____

Participant carries an EpiPen

Medication(s) Participant will be taking during workshop: _____

Special Instructions: _____

LIABILITY RELEASE I/We hereby release Ballet Magnificat!, Belhaven College, their agents, employees, and volunteer assistants from any liability whatsoever arising from injury, damage or loss which may be sustained by the above-named person due to complications from the above-described medical condition during the Summer Workshop.

Participant Signature

Signature of Parent/Guardian

Participant Printed Name

Parent/Guardian Printed Name

Date: _____

Date: _____

This information is for use by Ballet Magnificat! staff, teachers and counselors and is not shared with students unless it is necessary for the safety of the participant (as in severe nut allergies).