

## APPLICATION PROCESS

You must include the following in your application:

1. A Completed DLA Training Program Application Form.
2. Dance resume detailing previous training and performance experience.
3. Two or more professional or personal dance photos that best demonstrate your technical ability and strongest style.
4. A short essay stating your dance goals and specifically how you plan to pursue and achieve them after completing your DLA training.
5. Proof of US Citizenship (Copy of US Passport, Drivers License, or photo ID).
6. A \$50.00 (non-refundable) application fee payable by credit card. Application fees can be paid over the phone or mailed in. ( see below)
7. A completed DLATP Health Form signed and stamped by your physician.

Please make sure your application is complete BEFORE you send it in. Incomplete applications will not be accepted.

Please mail your completed application and payment to:

Danceline LA  
ATTN: Training Program  
3625 Hayden Ave  
Culver City, CA 90232

\*\* Documents may also be scanned and emailed to [info@dancelinela.com](mailto:info@dancelinela.com)  
(subject: Training Program).

\*\* Credit Card payments may also be taken over the phone by calling 310-876-3498 or 310-474-0774

\*\* Faxed Applications will not be accepted.

\*\* Danceline LA will notify you via email upon acceptance- you must have a valid email.

## METHODS OF PAYMENT

- Payments may be made over the phone by calling 310-474-0770 or 310-876-3498.
- Danceline LA accepts VISA, MasterCard, American Express, and Discover.
- We also accept cash, checks and money orders made out in US dollars for Tuition Payments.

## REFUNDS

- No refunds will be given for any absences not made up during period of study.
- A student wishing to withdraw must notify Lauren Elliott or Shannon Gaffney via email or in writing. No refunds will be given for early withdraw.

**APPLICATION FORM:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ (check one) DATE OF BIRTH: \_\_/\_\_/\_\_\_\_\_

MARRIED: \_\_\_\_\_ SINGLE: \_\_\_\_\_ (check one)

**PRESENT ADDRESS:**

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT DANCELINE LA?**

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**PLEASE LIST THE NAMES OF SCHOOL YOU ARE CURRENTLY ATTENDING (DANCE OR UNIVERSITY):**

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**Please include at least one dance photo, a dance resume, and a short essay describing your goals as a dancer and how Danceline LA can help you to achieve these goals.**

**Payment Information - \$50.00 APPLICATION FEE (Non-Refundable).**

**\* Payment can be made by calling 310-474-0770 or 310-876-3498, cash, check, credit card or money order.**

<b>Credit Card Type:</b>	<b>Zip Code:</b>
<b>Credit Card Number:</b>	
<b>Name on Card:</b>	
<b>Expiration Month:</b>	
<b>Expiration Year:</b>	

## **RELEASE AND WAIVER**

I \_\_\_\_\_, understand that dance instruction requires physical exertion. I also acknowledge that injury may result during instruction, including but not limited to as a result of physical contact with other dancers, instructors, or fixed and movable objects including the condition of the floor. I represent that I am medically and physically able to safely participate in dance classes, workshops, rehearsals, photo shoots and performances and to meet the physical demands thereof. I agree to assume all risks associated with participating in dance instruction, workshops, rehearsals, photo shoots and performances at or in connected to Danceline LA. If, at any time hereafter, I have any medical or physical limitation or condition that might affect my ability to participate in dance classes, workshops, rehearsals, photo shoots, performances, or meet the physical demands required thereof, I will make such limitations and conditions immediately know to Danceline LA.

In view of the forgoing, and as a term and condition of receiving dance instruction at Danceline LA, I, for myself, my spouse, heirs, legal representatives and assigns, expressly release, waive and discharge Danceline LA, its officers, directors, employees, owners, agents, successors, predecessors, sponsors, legal representatives and assigns, from all present and future claims, demands, actions, judgements, executions and liabilities of any kind, know or unknown, that now have, ever had or may have, or claim to have, against Danceline LA, its officers, directors, employees, owners, agents, successors, predecessors, sponsors, legal representatives and assigns, created by, as arising out of, any dance instruction, workshop, rehearsal, photo shoot, performance or related activity, regardless of where held, even though such claim or liability may arise out of negligence or fault on part of the foregoing person or entities, breach of contract or otherwise, and whether for bodily injury, property damages or loss of

otherwise. This release is for the entire premise of Danceline LA, including but not limited to locker rooms, studios, bathrooms, parking areas, sidewalks, alleys, elevators, buildings and grounds.

I hereby represent that I am over eighteen (18) years of age and that I will abide by all terms and conditions of Danceline LA's Training Program, including the above release waiver.

X \_\_\_\_\_  
Signature Printed Name Date

For dancers under the age of eighteen (18):

I hereby represent that I will be signing on behalf of my daughter/son \_\_\_\_\_ that he/she will abide by all terms and conditions of Danceline LA's Training Program, including the above release waiver.

X \_\_\_\_\_  
Signature Printed Name Date

## COMPULSORY HEALTH FORM

**This health form must be signed by a licensed physician and stamped with an official stamp. This form is a confidential document solely between the student and DLA.**

**Today's Date:** \_\_\_\_\_ **Course Start Date:** \_\_\_\_\_

**Length of Course:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_ (check one) **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Parents Phone #:** \_\_\_\_\_

**In Case of Emergency Notify:** \_\_\_\_\_

**Phone Number and Email Address:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

## Medical History

1. Please list any medical conditions you may have:

May include asthma, allergies, diabetes, heart conditions, high or low blood pressure, etc.

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2. List all medications that you take. Please include birth control pills, vitamins and minerals. We recommend that you bring what you may need or a written prescription from your physician.

Non- Prescription \_\_\_\_\_

Prescription \_\_\_\_\_

3. List any allergies or reactions that you have had to medications:

Medication	Reaction	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Do you smoke? (check one)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

5. List any allergies or reactions that you have to food, molds, pollens, bees, insects, animals, etc:

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6. List any physical or dance related problems you have including injuries, bone, joint, or muscular disorders, etc.

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7. Have you been hospitalized?  
(If yes, please specify below including dates).      Yes \_\_\_\_\_      No \_\_\_\_\_

Personal Illness \_\_\_\_\_

Surgery \_\_\_\_\_

Psychiatric \_\_\_\_\_

8. Have you been diagnosed with mental illness, severe stress, mood change, or personality disorder DLA should be aware of?

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9. Have you been vaccinated for the following:

Chicken pox: \_\_\_\_\_      Measles: \_\_\_\_\_      Mumps: \_\_\_\_\_

10. Please list all doctors' information below, including primary care physician, chiropractor, physical therapist, etc:

Primary Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Health Providers \_\_\_\_\_

Phone #: \_\_\_\_\_

11. Student Declaration

I, \_\_\_\_\_ confirm that the information provided on this form is accurate and true.

Students Signature \_\_\_\_\_ Date \_\_\_\_\_

**12. Doctor's Statement**

I, \_\_\_\_\_ confirm that \_\_\_\_\_  
Is physically and mentally fit to participate in 18 hours of dance per week while studying  
at Danceline LA. I confirm that the above information listed in this health form is true and  
correct.

**Doctor's Signature (required)**

\_\_\_\_\_

**Date** \_\_\_\_\_

**Doctor's Official Stamp**

\_\_\_\_\_

**Doctor's Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Email** \_\_\_\_\_