

EMBRACING THE DREAM

Registrant Name: _____

Height: _____ Weight: _____ Age: _____

Allergies to Medicine: _____

Other Allergies: _____

Ailments: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Relationship to Registrant: _____

REGISTRATION CHECK LIST

All information must be included for registration to be complete.

- One Conference Registration form per FAMILY
- Is the form filled out COMPLETELY? Birthdate? Waiver signature?
- One Performance Registration form per PERSON (optional opportunities)
- One Medical Information Form per PERSON

~Attach this form to the Conference Registration Form ~

Last Name: _____

ENTER CHILD'S FIRST NAME BELOW

Address: _____ CITY _____ STATE _____ ZIP _____

Studio Name: _____

Studio Address: _____

Director/Teacher Name: _____

Phone Number: () _____ - _____ Fax Number: () _____ - _____

E-mail Address: _____

E-mail Address to receive our e-newsletter: _____

Code		# of Entries	Totals	Scholarship
(J)	Juniors (minimum age 8-10)**		x \$165 \$	<input type="checkbox"/>
(T)	Teens (minimum age 11-13)+		x \$165 \$	<input type="checkbox"/>
(S)	Seniors (minimum age 14 - 21)+		x \$165 \$	<input type="checkbox"/>
(PC)	Professional Critiquing		\$	Must submit Performance Registration Form
(PE)	Pointe Evaluation		\$	
(SC)	Showcase Performance		\$	
(CC)	Choreography Critique/Clean.		\$	
Total Registration			\$	

Check box in screened area if attending on Scholarship

PLEASE NOTE:
There will be **NO** exceptions regarding **minimum** ages in age categories.
*Must be 8 by 12/31/08.

Name	Level/Code	Age	Birthdate
1. _____	_____		
2. _____	_____		
3. _____	_____		
4. _____	_____		
5. _____	_____		

Please Note: A headshot (any photo showing full face, can be a snapshot) is required with registration.

Please fill out and attach Medical Form!

Referred by: _____ Attending with _____

Waiver & Photo Release: In attending Standing O Productions' 5-day conference, participating in classes, workshops, performances, rehearsals, and otherwise using the facilities therein, I do so at my own risk. Standing O Productions shall not be liable for any damages arising from personal injuries incurred by me, on or about the premises of Drury Lane relative to my attendance at Standing O Productions' 5-day conference. I assume full responsibility for any injuries or damages which may occur to me in, on or about the premises of Drury Lane, and I do hereby fully and forever release and discharge Standing O Productions, its shareholders, directors, officers, instructors, employees, faculty members, sub contractors, and agents from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my use and attendance of the said Standing O Productions' 5-day conference, classes, workshops, performances, rehearsals and otherwise using the facilities thereof. I acknowledge the fact that certain types of injuries are common and inherent in dance and performing arts related activities. This release includes but is not limited to that type of injury. In addition, for valuable consideration received, I grant to Standing O Productions, the unrestricted right to use and publish photographs of me, for PR, promotional use, editorial, trade, advertising for Standing O Productions' projects, books, lecture slide shows, and websites in any manner or medium. I hereby warrant that I am of full age and have the right to contract in my name. In the case of a minor, I warrant that I have every right to contract for the minor. I hereby release Standing O Productions and assignees from all claims and liability relating to said photographs. I HAVE READ THE ABOVE TERMS OF THIS AGREEMENT, UNDERSTAND SAME AND AGREE TO BE BOUND BY EACH AND EVERY ITEM.

Authorized Legal Representative's Signature _____

Check Number _____ made out to: **Standing O Productions** or CREDIT CARD below

Visa or MC credit card # _____ Expiration date: _____
(circle one)

Name on card: _____ Signature: _____

Billing Address _____ Zip Code _____

Total Amount: _____ Date: _____ ***Fees are non-refundable.***

P.O. Box 1210 • Batavia, IL 60510 • (630) 879-0244 (phone)
(630) 482-2110 (fax) • www.standingoproducts.net

Conference Registration

TOUR ON

standing productions

Subject to change.

Conference and Performance...

- There are no refunds.
- REGISTER EARLY! Space for the conference and performance opportunities are limited, and may be full prior to the workshop. Registration is accepted only if space is available on a first come, first served basis.
- Registration will be permitted the morning of the conference if space is available. Please contact the office prior to arriving.
- Standing O Productions® reserves the right to refuse admittance or to have removed from the conference any person displaying unacceptable behavior as determined by Standing O Productions management.
- No video taping, flash photography, or cassette recording during class time. Violations may result in dismissal from the conference.
- Open videoing allowed at *showcase only*. No flash photography permitted.
- Badges for entry into ballrooms must be worn throughout the conference and performances. Please do not remove your badge at any time. If for some reason you need to replace your badge, you must turn in your old badge and provide identification.
- All dancers must wear a cover up and shoes when outside of the ballroom area.
- No one under the age of three is allowed in the ballrooms.
- Please respect the privacy of the hotel guests and keep noise to a minimum. Courteous behavior must be exhibited at all times. Standing O Productions reserves the right to dismiss anyone who is disruptive to the conference.
- **Conference Registration Forms, Performance Registration Forms, and total payment must be submitted at the same time. One check, or charge, only will be accepted for all fees.** All checks returned from financial institutions will incur an additional \$30 charge. All credit card reversals will incur an additional 2.5% charge of the original transaction. If outstanding invoices are sent to an outside collections agency, the invoiced will incur penalties up to 25% of the original invoice or the maximum permitted by state law. Future payment will only be accepted by cashier's check or money order.
- Original copies of scholarships must accompany registration in order to receive the free tuition.
- Confirmation will be sent to each teacher or individual upon receiving payment.
- Any policy infractions will be determined by the management of Standing O Productions.
- Violation of any policy may result in termination of registration.

Additional Policies...

- No changes in performance registration will be allowed two weeks prior to the conference.
- To be eligible to perform, all participants must be registered for the conference.
- Complete a separate form for each performance entry.
- All dances must be appropriate for family viewing. Failure to do so may result in termination of the performance at the discretion of Standing O Productions® management.
- No photography or video taping in dressing rooms.
- The showcase performance is open to the public at no charge, however, seating is on a first come, first served basis.
- Talking, lip sync and singing are acceptable for dancing, however, the performance must be danced.
- The following are prohibited: pyramids, basket tosses, tumbling in tap shoes, flip/twists greater than one rotation, use of mini trampolines, springboards and similar apparatus, and knee drops with both feet leaving the ground.
- General lifts are acceptable.
- Landings for all jumps, leaps, or kicks must bear weight on at least one foot. Exception: jumps or leaps to the splits are allowed.
- Open videoing allowed at *showcase only*. No flash photography permitted.
- Any props requiring assembly must be approved by the office PRIOR to the conference.

Last Name: _____ First Name _____

PROFESSIONAL CRITIQUE OPPORTUNITY

PERFORMANCE OPPORTUNITY - LIMITED REGISTRATION - filled in order received.

This opportunity includes two half hour private rehearsal sessions with a faculty member opportunity to perform and be critiqued by that faculty member. Professional critique registration includes performance in the showcase.

Solos - \$150 / **Duets** - \$80 each participant / **Trios** - \$60 each participant

Groups (4-10) - \$50 each participant / **Groups** (10+) \$40 each participant

SHOWCASE PERFORMANCE OPPORTUNITY - LIMITED REGISTRATION - filled in order received.

Solos - \$20 / **Duets** - \$15 each participant / **Trios** - \$10 each participant

Groups (4-10) - \$10 each participant / **Groups** (10+) \$10 each participant

All performance entries are limited to 2:30 minute performances, except for production numbers of 10+ dancers which may be up to 4:00 minutes in length.

ENTRY FOR: Professional Critique (includes showcase performance) _____ OR

Showcase Performance Only _____

Dance Title: _____ Choreographer: _____

Song Title: _____ Length of Music: _____

Age Division: Junior 9-10 _____ Teen 11-13 _____ Senior 14+ _____ based on average age on 7/31/05, .5 round up

Category: Solo _____ Duet _____ Trio _____ Group (4-9) _____ Group (10+) _____

Discipline: Ballet/Pointe _____ Lyrical _____ Jazz _____ Hip Hop _____ Tap _____ Open _____

*If you are performing with other dancers, all dancers must be registered for ETD.
Please list names of other dancers in your dance.*

Name

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

INDIVIDUAL POINTE EVALUATION



This opportunity includes a half hour private evaluation with a faculty member including assessment of technique, as well as pointe shoe fit and use of ribbons and elastic.

Individual \$75

INDIVIDUAL POINTE EVALUATION _____



CHOREOGRAPHY CRITIQUING/CLEANING

4-10 Dancers - \$200 / 10+ Dancers - \$300

Performance Registration ON TOUR

