

**nathanrice/RITUALS**  
**Summer Dance Intensive • June 21 – July 10, 2010**  
**DANCE APPLICATION 2009**

**PLEASE READ THIS APPLICATION CAREFULLY.**  
*Send application with photo, essay, application fee,  
 deposit and DVD/video to:*  
**nathanrice/RITUALS**  
**Columbus Circle**  
**P.O. Box 20151**  
**New York, NY 10023**

**PART A – Personal Information**

PLEASE INCLUDE A COPY OF YOUR COLLEGE/UNIVERSITY I.D. AND A COPY OF YOUR  
 PASSPORT IF YOU ARE A NON U.S. CITIZEN

*Please type or print neatly and accurately.*

Name	Last	First	Middle Initial	SSN#	_ _ _ - _ _ _ - _ _ _	
Permanent Address	Street	City	State	Country	Zip Code	
Mailing Address <small>(If different from above)</small>	Street	City	State	Country	Zip Code	
Phone	Home ( _ _ _ ) - _ _ _ - _ _ _		Cell Phone ( _ _ _ ) - _ _ _ - _ _ _			
Email						
Place of Birth	Date of Birth		MALE/FEMALE <small>(circle one)</small>			
Are you a U.S. Citizen?	Yes/No <small>(Circle one)</small>	If "No" Please indicate Visa type	Do you have a green card?		Yes/No <small>(Circle one)</small>	

**Emergency Contact Information**

Name of Parent or Guardian	Last	First	Middle Initial			
Permanent Address	Street	City	State	Country	Zip Code	
Phone	Home ( _ _ _ ) - _ _ _ - _ _ _		Cell Phone ( _ _ _ ) - _ _ _ - _ _ _			
Email						
Occupation	Title		Employer			

**Part B – Include with Application**

- **Application fee:** \$25.00 non-refundable application processing fee
- **One 8 X 10 photograph:** Full body shot
- **Deposit: \$150** If, upon review of application, you are not accepted to the program for this year, you will be refunded this amount in full. You will be notified of your acceptance or declination. Please include your email address in the section above and check for correspondence from [nathantrice\\_rituals@yahoo.com](mailto:nathantrice_rituals@yahoo.com)
- **Essay:** Complete Part E below
- **DVD/ Video:** 3 to 5 minutes of solo or duet material. (If duet, indicate which performer is you).

**Part C – Dance History**

Technique	Years of Study	Teachers	Classes per week
Ballet			
Modern specify style(s)			
Other			

**Part D – Academic Education**

Name of College/University					
Address	Street	City	State	Country	Zip Code
Years in Attendance	_____ to _____	Degree		Year Expected/Received	
Techniques Studied					
Dance Academics Studied					

**Part E – Essay Question**

On a separate sheet of paper, in two paragraphs, please respond to 1 of the following 3 statements.

1. Creativity as a means of personnel cultivation
2. Creativity as a means to explore the human condition
3. Ones experience under exploration by means of creativity

**Part F – Health Form**

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD

Name	Last	First	Middle Initial	SSN#	_____ - _____ - _____	
Permanent Address	Street	City	State	Country	Zip Code	
Phone	Home (_____) - _____ - _____		Cell Phone (_____) - _____ - _____			
Date of Birth	Place of Birth		MALE/FEMALE (circle one)			

**Insurance Information**

Name of Policy Holder	Employer				
Group ID Number	Dates of coverage	Insurance Contact Number (_____) - _____ - _____			
Name of Primary Care Physician	Last	First	Middle Initial	Phone (_____) - _____ - _____	
Address	Street	City	State	Country	Zip Code

**Medical History**

List any medical conditions you have including asthma, high or low blood pressure, heart conditions, allergies etc.

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List medications that you take regularly. Please include birth control pills, vitamins and minerals. **(We recommend that you bring what you anticipate needing, or a written prescription from your physician.)**

Nonprescription: \_\_\_\_\_

Prescription: \_\_\_\_\_

List any allergies or reactions you have had to medications and when:

Medication	Reaction	Date
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Medication \_\_\_\_\_ Reaction \_\_\_\_\_ Date \_\_\_\_\_

Medication \_\_\_\_\_ Reaction \_\_\_\_\_ Date \_\_\_\_\_

List any allergies or reactions you have to foods, molds, pollens, animals, insects, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized? No \_\_\_\_\_ Yes \_\_\_\_\_ (If yes, please specify & include date(s):

Physical

illness \_\_\_\_\_

\_\_\_\_\_

Injury \_\_\_\_\_

\_\_\_\_\_

Surgery \_\_\_\_\_

\_\_\_\_\_

Psychiatric \_\_\_\_\_

\_\_\_\_\_

One's emotional life often has an effect directly or indirectly, on one's physical health, such as symptoms of stress or mood changes. Please provide information about any psychological or emotional matters which could affect your physical health, and about which we should be aware. \_\_\_\_\_

\_\_\_\_\_

Have you been vaccinated for the following: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_

Do you have any religious beliefs affecting any aspect of your health care about which our Office should know? Yes \_\_\_\_\_ (if yes please specify below) No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***I, \_\_\_\_\_, confirm that the information above is correct and true***

\_\_\_\_\_  
**Student's Signature**

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

***I confirm that the above named student is physically able to take part in a rigorous dance program.***

\_\_\_\_\_  
**Doctor's signature (required) and License number**

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

\_\_\_\_\_  
**Parent/Guardian Signature (if student under the age of 18)**

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

## **CHECK LIST FOR APPLICANT**

*Please make sure your application includes all of the following items:*

- \_\_\_\_\_ 5 Page Application (Parts A-F)
- \_\_\_\_\_ \$25.00 Non-refundable Application Fee
- \_\_\_\_\_ \$150 Deposit (Fully refunded if not accepted)
- \_\_\_\_\_ 8 x 10 photo
- \_\_\_\_\_ Essay
- \_\_\_\_\_ DVD/Video

**Please mail completed application to:**

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Columbus Circle  
P.O. Box 20151  
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