



**Dear Fellow Administrator or Dance Educator,**

In celebration of your students' dance education, The Central Connecticut State University Dance Education Program is sponsoring the 5th Annual *Dance Festival* to be held at CCSU on **Sunday, October 13, 2019.**

**Classes will be taught by CCSU faculty and Guest Teaching Artists in the following genres:**

|                             |                                       |
|-----------------------------|---------------------------------------|
| <b>Ballet</b>               | <b>Afro-Caribbean</b>                 |
| <b>Partnering</b>           | <b>Yoga for Dancers</b>               |
| <b>Jazz</b>                 | <b>Hip-Hop</b>                        |
| <b>Modern- Horton/Limon</b> | <b>Improvisation and Choreography</b> |

**All registration must be received by October 1, 2019.** Registration details and registration forms are available at [www.ccsu.edu/dance](http://www.ccsu.edu/dance). Lunch is included in the registration fee for all participants.

**Adjudication:** Your students will have the opportunity to perform on the CCSU Welte Stage at 4:15pm in the adjudicated concert. Feel free to submit up to two dances (one faculty piece may be submitted as we encourage student choreography).

All dances will be adjudicated by the dance faculty and receive immediate feedback. All festival participants are invited to attend the concert even if they choose not to perform. The Dance Concert is **FREE** for family and friends.

We want you and your students to have this exceptional opportunity and we respect and honor what you are doing in the Dance Education field. We look forward to dancing with you!

*Catherine J. Fellows*

Festival Coordinator

Professor and Dance Education  
Program Coordinator  
Central Connecticut State University  
[FellowsC@ccsu.edu](mailto:FellowsC@ccsu.edu)  
860-832-2167

[www.ccsu.edu/dance](http://www.ccsu.edu/dance)



**5<sup>th</sup> Annual CCSU Dance Festival**  
**Sunday, October 13, 2019**

**School/Group Registration Form (A)**

**REGISTRATION:** Please collect all forms and fees and mail together in one envelope to the address below by **October 1, 2019**. This package should include Form (A) with payment and Student Registration Form (B).

**Please mail to:**

**Jennifer DelSanto**  
**Dance Education Program- PEHP**  
**Central Connecticut State University**  
**1615 Stanley Street New Britain, CT 06050**

Name of School: \_\_\_\_\_

Name of Contact Teacher: \_\_\_\_\_

Teacher's Phone Number(s): \_\_\_\_\_

Teacher's Email: \_\_\_\_\_

School Street Address: \_\_\_\_\_

|   | <b>Registration<br/>Fee</b> | <b>Amount</b>    |
|---|-----------------------------|------------------|
| <b>Registration Fee per<br/>School/Studio</b> (including<br>first adjudication entry) | \$100.00                    | <u>\$ 100.00</u> |
| <b>Participation Fee per student</b>  | \$50.00 x _____ students    | \$ _____         |
| <b>Additional Adjudication<br/>Entries</b>  | \$50.00                     | \$ _____         |
| <b>Individual Participants</b><br>(includes registration and<br>all classes)          | \$100.00                    | \$ _____         |
| <b>TOTAL:</b>   |                             | \$ _____         |

*\*Lunch will be provided to all participating students\**

**Method of Payment**

**Personal/Company/Cashier's Check #** \_\_\_\_\_ **Check Amount:** \_\_\_\_\_

(Please make checks payable to **CCSU - Dance Festival 2019**)



## 5<sup>th</sup> Annual CCSU Dance Festival Sunday, October 13, 2019

### Student Registration Form (B)

*Each student needs to complete a Student Registration Form (B) with parental consent and signature. Please return to contact teacher.*

Participant:

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

Date of Birth: \_\_\_\_\_ E m a i l : \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School/ Studio Address: \_\_\_\_\_

Contact Teacher Name: \_\_\_\_\_

#### ACCEPTANCE OF RISK AND RELEASE:

Check the applicable box:

☐ I, the above participant (Participant) am eighteen years of age or above and acknowledge that I intend to participate in the 2019 CCSU Dance Festival (Activity) at Central Connecticut State University, 1615 Stanley Street, New Britain, Connecticut 06050 (CCSU) on Sunday, October 13, 2019.

☐ I am the parent/legal guardian of the above-named participant (Participant) who is under eighteen years of age, and I am fully competent to sign this release. I give permission for Participant to participate in the 2019 CCSU Dance Festival (Activity) at Central Connecticut State University, 1615 Stanley Street, New Britain, Connecticut 06050 (CCSU) on Sunday, October 13, 2019.

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, recognize that there are risks and hazards directly or inherently involved in the Activity and that Participant may become injured during participation. With full knowledge of the facts and circumstances surrounding this Activity, I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, voluntarily undertake this Activity/voluntarily give permission for the Participant to undertake this Activity and KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF CENTRAL CONNECTICUT STATE UNIVERSITY, FROM THE PARTICIPANT'S PARTICIPATION IN THIS ACTIVITY.

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, assure officials of CCSU that Participant has adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from the Participant's participation in this Activity. I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, assure CCSU that there are no health-related reasons or problems that preclude or restrict the Participant's participation in this Activity.

IN CONSIDERATION OF CCSU PERMITTING PARTICIPANT TO PARTICIPATE IN THE ACTIVITY, I HEREBY ASSUME ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION AND I AGREE TO HOLD THE STATE OF CONNECTICUT, THE CONNECTICUT STATE UNIVERSITY SYSTEM, ITS BOARD OF REGENTS, AND CCSU, THEIR EMPLOYEES, AGENTS REPRESENTATIVES AND VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF ACTION, CLAIMS OR DEMANDS OF ANY KIND AND NATURE WHATSOEVER, INCLUDING THOSE ARISING FROM THE NEGLIGENCE OF CCSU, WHICH MAY ARISE BY OR IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY. THE TERMS HEREIN SHALL SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR MY HEIRS, ESTATE, EXECUTOR, ADMINISTRATOR, ASSIGNEES, AND FOR ALL MEMBERS OF MY FAMILY.

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, have read the foregoing and fully understand its contents. I understand that by signing this assumption of risk and release of liability agreement, I will be giving up substantial rights and I sign this document freely and voluntarily without any inducement.

This document shall be construed in accordance with the laws of Connecticut, without regard to its principles of conflicts of laws.

#### Media Release:

I, the above participant or parent/legal guardian of the above-named participant who is under eighteen years of age, hereby give my consent to all photographs and video recordings taken of the Participant by CCSU and other participating parties during the Activity and understand that any such material becomes the property of CCSU and may be copied or otherwise reproduced by CCSU and used by CCSU for educational, instructional, or promotional purposes.

Participant Signature (if 18 or over) \_\_\_\_\_ Date \_\_\_\_\_

**SIGN HERE**

Name of Parent/Guardian (if Participant is under 18) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**SIGN HERE**

**Print**

**Save**

**Clear**