

# CANADA'S NATIONAL ACADEMY OF DANCE EDUCATION

Prospect Leadership Program Application



## APPLICANT PARENT/GUARDIAN INFORMATION

Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		Prov.		PC	
Phone			E-mail Address		

## APPLICANT INFORMATION

Last Name		First		M.I.	DOB DMY	
Street Address				Apartment/Unit #		
City		Prov.		PC		
Is the applicant a Canadian citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Does the applicant hold a OSS Diploma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Has the app. applied for the PLP before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, incl. date of Grad.			

## APPLICANT EDUCATION

High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Elem.			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

## APPLICANT REFERENCES

*Please list one non-relative reference and attach a recommendation letter from this reference to this application.*

Full Name			Relationship			
Company			Phone			
Address						

## APPLICANT SKILLS/TRAINING/CERTIFICATION

CERT.			Organization			
From	To	Certification Current?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Level	
CERT.			Organization			
From	To	Certification Current?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Level	
CERT.			Organization			
From	To	Certification Current?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Level	

**APPLICANT CURRENT/PREVIOUS EMPLOYMENT OR VOLUNTEER WORK**

Organization	Job Title
Address	Year
Responsibilities	
Organization	Job Title
Address	Year
Responsibilities	

**APPLICANT DANCE EDUCATION**

Style		Studio	
From	To	Exam Work	YES <input type="checkbox"/> NO <input type="checkbox"/> Highest Level
Style		Studio	
From	To	Exam Work	YES <input type="checkbox"/> NO <input type="checkbox"/> Highest Level
Style		Studio	
From	To	Exam Work	YES <input type="checkbox"/> NO <input type="checkbox"/> Highest Level
Style		Studio	
From	To	Exam Work	YES <input type="checkbox"/> NO <input type="checkbox"/> Highest Level
Style		Studio	
From	To	Exam Work	YES <input type="checkbox"/> NO <input type="checkbox"/> Highest Level
Style		Studio	
From	To	Exam Work	YES <input type="checkbox"/> NO <input type="checkbox"/> Highest Level

**PARENT/GUARDIAN DISCLAIMER AND SIGNATURE**

*I certify that the above answers are true and complete to the best of my knowledge and that my child hereby named above will be 13-19 years of age by September 11<sup>th</sup> 2017.*

*If this application leads to acceptance for my child, I understand that false or misleading information in my application or interview may result in my release from the program, where in which no refund or reimbursement of fees will be issued.*

Guardian  
Signature

Date

**APPLICATION CHECKLIST – Please email completed applications to [info@cnadedu.com](mailto:info@cnadedu.com) no later than April 30<sup>th</sup>, 2017. All candidates who apply are invited to Stage 2 the in-person audition which will take place on Sunday, May 14<sup>th</sup>, 2017. More info will follow.**

	Completed Application Form includes 1 reference letter attached
	Copies of most recent Exam Certifications.
	Scholarship Application (optional)
	Waiver, Elements of Risk and Signature From

**Waiver, Elements of Risk and Signature**

With the acceptance of this application and the permission given to have my child \_\_\_\_\_ (please print) participate in any dance or dance related activity with the Born to Move Dance Company (B2M Dance Co.) and Canada's National Academy of Dance Education. I hereby release, waive and forever discharge the Born to Move Dance Company, Canada's National Academy of Dance Education and all of their members against all claims (i.e. liability, damages, costs etc.), howsoever caused, arising as a result of or in any way connected with my child's participation in any dance or dance related activity. By submitting this registration form, I acknowledge having read, understood and agreed to the above waiver, release and indemnity. I warrant that my child is physically fit to participate in such activity and acknowledge that I am aware that there are risks associated with it which I hereby agree to entirely assume as my own personal responsibility. I understand the physical risks involved in this activity and I do not hold the Born to Move Dance Company or Canada's National Academy of Dance Education accountable for any injuries that may occur due to my child's participation in this event.

The Born to Move Dance Company and Canada's National Academy of Dance Education program being offered, involves certain elements of risk. Accidents may occur while participating in this activity. These accidents may cause injury. A few examples of the type of injuries which one is at risk of having occur while participating in this activity are:

Activity related (e.g., minor cuts and abrasions, sprains and strains, dislocations and fractures, to more serious injuries affecting the body. Some head, neck, or back injuries could lead to paralysis or prove to be life threatening.)

These injuries result from the nature of the activity and can occur without any fault on either the part of the dancer, or the Born to Move Dance Company, Canada's National Academy of Dance Education, its affiliates, its employees or agents, or the facility where the activity is taking place. By choosing to allow you or your child to participate in this activity, both you and the child (thereby named above) are assuming the risk of an injury occurring.

Carefully following instructions at all times and being physically fit to participate in the activity can reduce the chance of an injury/accident occurring.

Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_