Complexions Detroit Summer Intensive 2016
Presented by
Wayne State University
Maggie Alleesee Department of Theatre and Dance
And
Complexions Contemporary Ballet

Information and Registration Forms

1. Complexions Detroit Summer Intensive audition information and audition form (Pgs. 2-3)

2. Complexions Detroit Summer Intensive description and pricing details (Pgs. 4-5)

3. Registration Form (Pgs. 6-19)

   - All students must complete all forms for participation
     a. Medical Form (Pg. 8)
     b. Physical Exam Form (Pgs. 9-10)
     c. Rules, Procedure, and Standard of Conduct (Pgs. 11-14)
     d. Standard of Conduct and Liability Agreement (Pgs. 15-17)
     e. Talent Release Agreement (Pg. 18)
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4. Sample Daily Schedule (Subject to change) (Pg. 20)
Complexions Detroit Summer Intensive 2016
June 18th-July 1st

*NEW* Scholarship Audition

Sunday, February 28TH, 2016

(Please arrive 30 minutes before audition time.)

WSU - Maggie Allesee Department of Theatre and Dance (3rd floor)
4841 Cass Ave-3226 Old Main Building, Detroit, MI 48201

AUDITION FEE - $20.00 per person

Scholarship audition (ages 11-16) 3:00p-4:15p
Professional level audition (17+) 4:30p-5:45p

(Professional level is for the advanced dancer. The intensity and rigor will be heightened and new choreography will be created specifically for this level with the Complexions Co- Artistic Director Dwight Rhoden)

SUMMER INTENSIVE OPEN REGISTRATION

*No Audition Required*

Young dancer level (ages 11-13)
Pre- Professional level (ages 14+)
Emerging Professional level (ages 17+)
C-DSI Audition Form 2016

(PLEASE PRINT CLEARLY)

Full Name: __________________________________________

Age: _________ Phone: __________________________________ Gender: (circle one) M/F

Mailing Address: _______________________________________

________________________________________________________________________________

Email: ____________________________

All communication will be sent via Email please write clearly

Emergency Contact: ______________________________________

Relationship: __________________________ Phone: __________________________

Dance Training: Circle the appropriate answer

Ballet: 1-3 years 4-6 year 7-10 years 10-15 years 15+ years
Modern: 1-3 years 4-6 year 7-10 years 10-15 years 15+ years
Contemporary: 1-3 years 4-6 year 7-10 years 10-15 years 15+ years
Jazz 1-3 years 4-6 year 7-10 years 10-15 years 15+ years
Hip-hop 1-3 years 4-6 year 7-10 years 10-15 years 15+ years

Please check the box that correlates with the audition(s) you would like to attend.

Scholarship Audition for ages 11-16 (Audition time 3-4:15pm)
Scholarship Audition for ages 17+ (Audition time 4:30-5:45pm)
C-DSI Intensive Description 2016

All students attending Complexions Detroit Summer Intensive 2016 will:

• **Attend** the *Complexions Contemporary Ballet* Company performance on June 18th at the *Music Hall Center for the Performing Arts*

• **Study** with Complexions Artistic Directors and company members for two amazing weeks of a variety of techniques including “*Nique*”, the unparalleled contemporary ballet technique specifically developed by Artistic Directors Desmond Richardson and Dwight Rhoden

• **Perform** Complexions repertory at the Student Showcase performance with Complexions Company members on July 1st at 3pm on the very same Detroit Music Hall stage!

**Registration Fee** for the Detroit Summer Intensive is $950(tuition)+$30(registration fee)=$980.00 total *which includes one student (1) ticket to attend the Complexions Contemporary Ballet Company performance on June 18th*. Applications and payment deadline is May 30, 2016. Space is limited, early registration is suggested.

• **Alumni Special** Did you join us last year? Take advantage of our **Alumni offer**, with no registration fee and $50.00 off the tuition your total is only **$900.00** for the two-week intensive!

• **Early Bird Special** Take advantage of the early registration discount, and pay **$900** for the two week intensive, with no registration fee and $50.00 off the tuition when your registration is received before February 28th!

http://dance.wayne.edu/complexions

• **Intensive Updates and Communication** All correspondence will occur via e-mail and website updates!! It is important to **CLEARLY PRINT** an accurate contact e-mail for student or guardian (if under 18). All-important information will be emailed to the address provided from complexionsdsi@gmail.com

• **Please Make Checks and Money Orders payable to Wayne State University.** No credit cards accepted.
• **Registration Confirmation** Registrations are confirmed in the order they are received. A Registration Confirmation will be emailed upon receiving your application. The Complexions-DSI *Information Packet*, contains all of the preparation instruction on how to best prepare for the intensive- what to bring, dress code, and procedures will be emailed after your application is paid in full. Space is limited and will fill quickly! Once you have mailed your registration packet please allow up to 10 business days to receive your confirmation email.

• **Housing Requests** Limited housing is available upon request, on a first come, first served base. Complete the *Housing Registration Form* and return with a full payment or $100.00 deposit to reserve your room.

• *A full payment is the ONLY way to guarantee your housing reservation.* All payments must be made in full by May 30, 2015 to complete your request.

• Haven’t received your email confirmation? Have questions or need additional information? Please email complexionsdsi@gmail.com or call Meg Paul, Program Director, at 313-577-2143.

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CDSI Registration 2016
(PLEASE PRINT CLEARLY & COMPLETE ENTIRE FORM PGS. 4-12)

Student Full Name: ____________________________________________________________

Mailing Address: __________________________________________________________________

______________________________________________________________________________

Gender: (circle one) M/F  Contact Email to Receive All Intensive Communication:

______________________________________________________________________________ (Circle one) Student/Parent?

Age: _______ Student’s Phone: _______________________________ (Circle one) Home/Cell?

Emergency Contact: ____________________________________________________________

Relationship: ___________________________ Phone: _______________________________

Academic School: ________________________________ Grade (In the fall): _________

Dance Studio/Address or e-mail/Training:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Are you submitting a Housing Request? ____yes ____no

Please check the box that correlates with the tuition program you would like to select *Note deadlines and qualifications
Tuition Payment Enclosed
**Registration Form MUST be accompanied by a minimum of $30 to register if tuition is not being paid in full.

Alumni Special $900 total! (Only applies to past participant of the CDSI intensive) (Deadline May 30th 2016)
Early Bird Special $900 (Applies to all applications received before the Deadline February 28th 2016)
CDSI Intensive tuition ($950) w/ registration fee ($30) = $980.00 (Deadline May 30th 2016)
Other______________________________

+ 

Housing Payment Enclosed

NO housing requested
Deposit- $100 saves your spot in WSU housing (Must be returned with Housing Registration Form)
Quad 18 years +
Quad with Chaperone
Single Unit 18 years +
Single with Chaperone
Requesting Parking $5.25/night

All payment can be combined into one check. Please make check payable to Wayne State University, and return with this completed form. Registration fee is non-refundable.

Total amount enclosed $________________ Check/Money Order

MEDICAL HISTORY
(Clearly print all information and attach a copy of insurance card)
Student Information
Student’s Full Name ____________________________________________
Home Address __________________________________________________
_______________________________________________________________

Home Phone Number ________________ Social Security # ______-____-______

Insurance Information
Policy Holder __________________________ Employer ______________________
Insurance Company _______________________ Phone Number ______________________
Name of any specific agent to contact ______________________________________
Policy # ___________________________ Group # ___________________________

Policy Holder’s Social Security # ______-____-______ Date of Birth ___-__-__

Medical History
Known allergies (drugs, etc.) and/or preexisting condition(s):
____________________________________________________________________
____________________________________________________________________

List and explain any medications that the student is currently taking:
____________________________________________________________________

Injuries:
Recent ______________________________________________________________
____________________________________________________________________

Chronic ______________________________________________________________

Blood Type ______________________

Family Physician ___________________ Phone Number ______________________

Person filling out this form (please print): ________________________________

DUE BY MAY 30TH
# PHYSICAL EXAMINATION

Please answer each item carefully and accurately to assure a medically meaningful document. The information is strictly confidential. In order to participate in the program, the CCB – Detroit Summer Intensive at WSU requires you to have a complete examination.

<table>
<thead>
<tr>
<th>Name (Last)</th>
<th>First</th>
<th>MI</th>
<th>Soc. Sec. #</th>
<th>U.S. Citizen</th>
<th>Birth date</th>
<th>Sex</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Phone</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Person to Notify In Emergency</td>
<td>Relationship</td>
<td></td>
<td>Phone</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Address of Above</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Personal Physician</td>
<td></td>
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</tr>
</tbody>
</table>

| Will you be covered by a medical insurance policy while enrolled? | Yes | No | If yes, name of insurance company |

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**IMMUNIZATIONS:** The CCB Detroit Summer Intensive at WSU requires that all students born after 1956 must have had 2 doses of a measles containing vaccine (rubella, M.R., M.M.R.) prior to registration. One dose must have been after 1980 and at least one of the doses must have been a M.M.R.

**Required**

<table>
<thead>
<tr>
<th>Vaccine/Type</th>
<th>Month</th>
<th>Date</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>German Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Or in lieu of the above: Positive titer date (Rubella) ____/____/____

**Recommended**

Please specify dates

<table>
<thead>
<tr>
<th>Vaccine/Type</th>
<th>Month</th>
<th>Date</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>German Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#Tetanus</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

* A tetanus booster or basic series within the past 6 years is recommended for admission.

<table>
<thead>
<tr>
<th>Vaccine/Type</th>
<th>Month</th>
<th>Date</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (3 shots)</td>
<td><strong><strong>/</strong></strong>/____</td>
<td><strong><strong>/</strong></strong>/____</td>
<td><strong><strong>/</strong></strong>/____</td>
</tr>
<tr>
<td>1st</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine/Type</th>
<th>Month</th>
<th>Date</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Skin Test (PPD)</td>
<td><strong><strong>/</strong></strong>/____</td>
<td>Results: Positive _____ mm / Negative _____</td>
<td></td>
</tr>
</tbody>
</table>

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**Physician or Authorized Signature**

<table>
<thead>
<tr>
<th>Date</th>
<th>License # or Office Stamp</th>
</tr>
</thead>
</table>

**Family History**

<table>
<thead>
<tr>
<th>Age</th>
<th>Occupation</th>
<th>Significant Medical Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sister</td>
<td></td>
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<tr>
<td>Sister</td>
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<tr>
<td>Brother</td>
<td></td>
<td></td>
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<tr>
<td>Brother</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Have you had allergies to any drugs? (please specify) ____________________________
Are you taking any medication (ex. hormones, inhalers, etc.) on a regular basis? (please list) ____________________________

Have you ever had any significant/chronic medical condition(s)? (please specify) ____________________________

Have you ever had a serious injury or surgery? (please list) ____________________________

Do you have any illness or medical condition that requires regular treatment or alteration of your manner of living?

Is there any other information which could be of assistance? ____________________________

Have you had any of the following? Select “yes” or “no” to all questions about your personal medical history and briefly comment on “yes” answers in the space provided (dates, complications, etc.).

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatic Fever</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Congenital Heart Problems/Disease</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Diminished Hearing</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Infectious Mononucleosis</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Gall Bladder or Liver Disease</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Severe Headaches</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Comments:</td>
<td>____________________________</td>
<td></td>
</tr>
</tbody>
</table>

I certify that this information given on this form is true and correct, and I have no abnormality, limitation, or restriction not mentioned on this document. I understand that any false information, willful or negligent misrepresentation or failure to disclose any requested information could be sufficient grounds for dismissal from the Summer Intensive. I acknowledge by my signature that I have read and understand these statements and I hereby authorize the medical professionals of the CCB Detroit Summer Intensive at WSU to treat my child’s medical conditions that appear indicated to them.

_____________________________ ____________________________
Signature Date Signed

The following physical exam is highly recommended but is not a requirement

Name ____________________________ Social Security Number ____________________________
Height _____ in. Weight _____ lbs. Temp _____ F Pulse _____ BP ____________________________
Laboratory: Hemoglobin or Hemacrit ____________________________ Urine SP Gr. _____ Alb. _____ Sugar _____
TB Skin Test: Date _______ Results Name of Test ____________________________

Eyes: Are glasses worn? __Yes ___ No Is color vision defective? __Yes ___ No
Ears: Is hearing normal? __Yes ___ No Are drums intact? __Yes ___ No

Distant Vision: Right 20/___ Corrected to 20/___ Left 20/___ Corrected to 20/___
Near Vision: Right 20/___ Corrected to 20/___ Left 20/___ Corrected to 20/___

(Wearers of contact lenses are advised to have a pair of glasses for alternative use.)

Skin Normal Abnormal Abdomen ____________________________
Head, Face, Neck ____________________________ Endocrine system ____________________________
Nose and Sinuses ____________________________ Spine ____________________________
Mouth and Throat ____________________________ Neurologic ____________________________
Teeth ____________________________ Hernia ____________________________
Lungs and Chest ____________________________ Genitalia ____________________________
Heart ____________________________ Breasts ____________________________
Vascular ____________________________ Pelvic, if indicated ____________________________

Are muscle strength and function of extremities normal and all digits present? __Yes ___ No

Comments: ____________________________

_____________________________ ____________________________
Signature of M.D./O.D. Date
RULES, PROCEDURES AND STANDARDS OF CONDUCT

Complexions DSI participants are expected to review the rules, procedures and standards of conduct established by the Complexions Detroit Summer Intensive (CDSI) Program. A participant who does not fulfill the responsibilities set forth by such rules, procedures and standards of conduct may be subject to disciplinary action, including dismissal from the program as outlined in the Progressive Sanctions Policy listed below.

CDSI /WSU Progressive Sanctions Policy:

1. **Warning** - written documentation of the infraction, phone call to parents and/or legal guardian.
2. **Corrective Action Plan** – written documentation of infraction, phone call to parents and/or legal guardian and a corrective action plan to help foster discipline and respect, which is determined after a meeting with the Artistic Directors, Program Director and Office Manager.
3. **Dismissal** from program at the expense of the student, phone call to parents and/or legal guardian.

DISMISSAL: *(zero tolerance)*

*Examples of unacceptable conduct by students, which are subject to dismissal: (not limited to)*

- Unlawful activity of any kind;
- Possession or use of drugs, alcohol, fireworks, firearms, and tobacco;
- Destroying or defacing property at Wayne State University;
- Fighting; threatening or attempting to cause bodily harm to another person on the premises;
- Harassment - abusive language;
- Visiting with the opposite sex in residence rooms

CORRECTIVE ACTION PLAN:

*Examples of unacceptable conduct by students, which are subject to a Corrective Action Plan: (not limited to)*

- Communication with individuals not associated with the program;
- Insubordinate or disrespectful behavior toward C-DSI personnel;
- Not following Safety Rules (see below)
WARNING:
Examples of unacceptable conduct by students, which are subject to a Warning: (not limited to)

- Unexcused tardiness or absences from attendance checks, classes, rehearsals, performances, or other scheduled activities;
- Disruptive conduct, horseplay;
- Violation of the 9p.m. curfew, 10p.m. lights-out and Quiet Time policy - Chaperones will do room checks every night.
- Violation of Cell Phone policy - restricted from making or receiving phone calls from 10:00PM- 6:00AM daily CELL PHONES MUST BE SILENCED.
- Not following Safety Rules (see below)

SAFETY RULES:

- Students are required to travel with their chaperone to and from the dorms and are not allowed to leave the dorms and/or studios at the Maggie Alleesee Department of Theatre and Dance or the Music Hall Center for the Performing Arts at any time without chaperone supervision.
- Students are required to travel in groups of two or more when they are traveling from room to room or studio to studio.
- Students should immediately report any accident or illness to their chaperone and/or instructor.
- Students are required to wear their nametags in a clearly visible manner at all times.

ETIQUETTE:
Etiquette is extremely important to the CDSI Summer Intensive Program, but it is also important for maturing dancers readying themselves for the professional world. The following are important things that students should familiarize themselves with both inside and outside the studio.

- Students should remove warm-ups and stop talking immediately when CDSI faculty enters the studio.
• Cell phones are only to be used during designated times: lunch and after class. No cell phone use after 10p.m. ALL PHONES MUST BE SILENCED DURING CLASS/REHEARSAL.

• Drink water to stay hydrated. Have a water bottle with you at all times.

• Clean up after yourself. Remove anything you brought into the studio when you leave, including Band-Aids, tape, lamb’s wool, wrappers, water bottles, paper, etc.

• Questions from students regarding placement should be addressed to Meg Paul, who will communicate with Desmond Richardson and the Complexions Faculty. Placement is determined through a detailed and comprehensive assessment from all CDSI Faculty and should only be discussed in confidence between the student and the Program Director and Artistic Director. **Parents should not call to discuss their child’s placement.**

**QUIET TIME:**

We are committed to providing a comfortable, safe, and restful environment for the students living on campus for the CDSI Summer Intensive. Taking into consideration the youth of our students, we have formulated some policies for their well-being and protection. We ask that you read the following carefully and then sign and return your agreement to abide by our policies.

A chaperone will be assigned to oversee dorm students under 18 years of age for the CDSI Summer Intensive. The chaperone will live in the dorm, escort students to the cafeteria, classes, rehearsals, and recreational activities. The chaperone will be available in case of emergencies.

All resident students will reside in Wayne State University Campus housing for the duration of the intensive. The staff is very strict that there is **NO** visiting with opposite sex in residential rooms. Disciplinary action will be taken if this rule is not followed. Boys and girls are more than welcome in the hallways and lounges of the dorms.

Because students will be dancing every day, participants will need to rest in the evenings. To ensure a good night’s sleep for everyone, we will be adhering to a “quiet-time” policy.
All students will be in their own rooms by 9:00p.m, (or following their last evening activity), where they can engage in quiet activities that do not disturb other residents of the dormitory. We understand that students will be excited about classes and the meeting of new friends, but this is the time to listen to your body’s needs, as well as to respect the needs of others for peace and recuperation. We recommend that students who wish to listen to music at night bring headphones. At 10:00p.m, lights will be turned off. Please respect your fellow students and chaperones.

We are committed to making sure our students receive the rest and care they deserve, so they can dance to their fullest capacity for the intensive. Students who are unable to comply with our quiet time policy are subject to disciplinary action as stated above.

CONTACT and EARLY DEPARTURE

To contact your student during the daytime hours – In case of an emergency only, contact Meg Paul (o) 313-577-2143 or (c) 917-679-4866.

Medical or family emergencies are the only acceptable reasons for an early departure from the program. If a student must leave the program early due to a medical or family emergency, the parent or legal guardian must contact the Program Director and Office Manager to sign the student out.
STANDARDS OF CONDUCT AND LIABILITY AGREEMENT

Complexions Contemporary Ballet and the Maggie Alleesee Department of Theatre and Dance are committed to providing our students with a secure atmosphere to learn. In order to do so, strict standards of conduct have been established. To verify that you understand the terms of our policies, please initial or sign where necessary and return the statements below:

ALL PARTICIPANTS 18 YEARS OF AGE OR OLDER MUST SIGN ONLY THIS PAGE

WAIVER AND RELEASE OF LIABILITY

I, the undersigned, recognize and understand the risk of physical injury inherent in dance and dance training, and, thus I fully assume those risks. I waive and release Complexions Contemporary Ballet (hereafter CCB), Wayne State University (hereafter WSU), and their respective employees, agents, governing board members, faculty members, associates, and students (including those serving as chaperones) (“Released Parties”) from any and all liability arising out of or relating to any injuries that I sustain or illnesses that I contract in connection with my participation in the Complexions Detroit Summer Intensive (“CDI”) or related activities.

I understand and agree that it is my sole responsibility to safeguard my personal property. I will not hold the Released Parties responsible for loss of or damages to my personal property while attending or participating in the CDSI or related activities.

In case of physical injury or medical emergency, I hereby authorize CDSI staff and faculty to make necessary arrangements to transport me to a medical treatment facility as needed and to notify the person who I have designated as my emergency contact.

Participant:

__________________________________________ Date: ________________________________
STANDARDS OF CONDUCT AND LIABILITY AGREEMENT

(cont.)

ALL PARENTS AND LEGAL GUARDIANS OF PARTICIPANTS UNDER THE AGE OF 18 MUST COMPLETE AND SIGN THIS PAGE AND THE FOLLOWING PAGE

WAIVER AND RELEASE OF LIABILITY

I, __________________________, parent or guardian of __________________________ (“Participant”), recognize and understand the risk of physical injury inherent in dance and dance training. I, on behalf of myself and Participant, waive and release Complexions Contemporary Ballet (hereafter CCB), Wayne State University (hereafter WSU), and their respective employees, agents, governing board members, faculty members, associates, and students (including those serving as chaperones) (“Released Parties”) from any and all liability arising out of or relating to any injuries that Participant sustains or illnesses that Participant contracts in connection with Participant’s participation in the Complexions Detroit Summer Intensive (“CDSI”) or related activities.

I understand that I should accompany Participant while he or she is traveling to and from the CDSI in order to ensure his or her safety and security during the entire travel process. I further understand that, if I am unable to accompany Participant, I must arrange transportation for Participant between the CDSI and Detroit Metropolitan Airport through the CDSI van service. I agree that, when such transportation is arranged, CCB and WSU are responsible for Participant only from the point that Participant passes through airport security after arrival or before departure and the point where Participant arrives at, or departs from, The Towers Residential Suites. I take full responsibility for the safety and security of Participant before and after he or she has passed through airport security.

In an extreme emergency, I understand that CDSI staff and faculty will make every attempt to notify the person(s) that the Participant has named as his or her Mother/Father, or emergency contact, of Participant’s condition, location, and way to contact Participant.
I understand and agree that it is my sole responsibility to safeguard my personal property. I will not hold the Released Parties responsible for loss of or damages to my personal property while attending or participating in the CDSI or related activities.

I have read the CDSI “Rules, Procedures and Standards of Conduct” and the “CDSI Dress Code Policy” (jointly, “Student Conduct Requirements”). I understand that my child must adhere to all provisions of the Student Conduct Requirements, and that failure to comply with these terms may result in my child's dismissal from the intensive, without refund of tuition, room, or board. I hereby waive any claim that I or my child may have against the Released Parties that arises out of or relates to the Student Conduct Requirements.

**TALENT RELEASE AGREEMENT**

I, being of legal age, hereby give Wayne State University, their licensees, successors, legal representatives, and assigns the absolute and irrevocable right and permission to use my name, and to use, reproduce, edit, exhibit, project, display, copyright, publish photography images and/or moving pictures and/or
videotaped images or performances of me with or without my voice, or in which I may be included in whole or in part, photographed, taped, videotaped, and/or recorded for the duration of the intensive (June 18th-July 1st 2016) and thereafter, and to circulate the same in all forms and media for art, advertising, trade, competition of every description and/or any other lawful purpose whatsoever as it relate specifically to Public Television’s “Dance On Detroit” series . I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the editorial, advertising, or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied.

I hereby release, discharge and agree to save Wayne State University, their licensees, successors, legal representatives and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise that may occur or be produced in the making, processing, duplication, projecting or displaying of said picture or images, and from liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof.

AGREED AND ACCEPTED:

Date: ____________________

Talent Printed name: ________________________________

Talent (or Guardian, if under 18) signature: _________________________________

Professional name ________________________________

Address: _________________________________________

City: ______________ State: __________ Zip: ______

Phone number: _________________________________

Email: __________________________________________

REFUND POLICY AGREEMENT
Once you have registered for the Complexions Detroit Summer Intensive, if you have to cancel your enrollment, fees that have been paid will be refunded in the following manner:

Prior to May 30th, 2016 – 100% return of your total funds paid with the exception of the $30 non-refundable Registration Fee.
After May 30, 2016– All fees are NON REFUNDABLE.

If a student chooses to attend the program with an established injury or illness, it is important that they notify CDSI faculty of their condition. If the student’s condition later requires them to withdraw, they will not be eligible for a refund. Students withdrawing for other reasons are not eligible for a REFUND. Withdrawal due to illness or injury during the Intensive will be considered with a written doctor’s note. Partial refunds will be considered on a case-by-case basis.

**No Refunds for Conduct Agreement Violations resulting in dismissal**

All students are expected to conduct themselves in a safe, courteous and responsible manner. The use of illegal drugs or alcohol is strictly prohibited and is grounds for immediate dismissal. Complexions Detroit Summer Intensive faculty reserves the right to suspend or dismiss any student whose conduct, attitude, or attendance is found to be unsatisfactory. If a student is dismissed for reasons of unacceptable conduct, this is a violation of our Standard of Conduct and Liability Agreement and there is NO REFUND.

I, ____________________________, parent or guardian of ________________________, have read the Complexions Detroit Summer Intensive Refund Policy Agreement defined above. I understand that my child must adhere to the rules stated above, and that ALL refunds are given based on this document, and are at the solely discretion of the Complexions Detroit Summer Intensive. I understand that I have wave my right to take legal action toward CDSI, WSU, any faculty member, or employee, for the item listed above.

**By Parent/Legal Guardian** 
**By Student**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>June 18th</td>
<td>June 19th</td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>M</td>
<td>12:00-3:30pm</td>
<td>11:30-12:30 Stretch</td>
</tr>
<tr>
<td>O</td>
<td>Registration</td>
<td>and</td>
</tr>
<tr>
<td>R</td>
<td>Check-In</td>
<td>(No Housing students)</td>
</tr>
<tr>
<td>N</td>
<td>Housing students</td>
<td>30 Min Break</td>
</tr>
<tr>
<td>I</td>
<td>Placement Class (All Students) Placement</td>
<td>Class</td>
</tr>
<tr>
<td>N</td>
<td>Class</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>1:00-2:30 Class</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complexions Contemporary Ballet</td>
<td>Complexions Repertory</td>
</tr>
<tr>
<td>E</td>
<td>Performance</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>Music Hall Center for Complexions</td>
<td>Complexions</td>
</tr>
<tr>
<td>E</td>
<td>Performing Repertory</td>
<td>Repertory</td>
</tr>
<tr>
<td>N</td>
<td>Arts</td>
<td>8:00 PM</td>
</tr>
<tr>
<td>I</td>
<td>CDSI Students can pick up complementary</td>
<td>Complexions Repertory</td>
</tr>
<tr>
<td>N</td>
<td>tickets at Will Call starting at 7:00pm</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td></td>
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</tbody>
</table>