



NEW YORK CONSERVATORY FOR THE ARTS

2025 Summer Performing Arts Workshop Application

Name _____ Date of Birth ____/____/____

Home Mailing Address _____ City _____ State _____ Zip _____

Telephone Number (____) _____ E-Mail Address _____

Ht _____ Wt _____ Tee Shirt Size (Please circle the appropriate size) Child: M L Adult: S M L

Parent or Guardian's Name _____ Occupation _____

Business Address _____ Business Phone _____

Parent or Guardian's Name _____ Occupation _____

Business Address _____ Business Phone _____

Family Status: (Please check the appropriate space)

___ Both parents in home ___ Separated ___ Divorced ___ Deceased

Please use this space or attach information regarding special circumstances _____

This application becomes a binding contract for your child's participation in NYCA Summer Workshop 2024.

Tuition: (Please check the appropriate spaces)

___ **June 30 - July 20** (3 weeks) **Musical Theatre Performance** for ages 7-15 \$1295

Payment: Registration is rolling and can be submitted anytime up until the first day of a workshop. A \$200 deposit is due with this application. The 2nd payment of \$400 or balance is due May 1, 2025. The final balance is due June 1, 2025. If you register during or after the specified payment dates, a new schedule will be assigned arranging for full workshop tuition to be paid before the first day of the workshop. You may also choose to pay the full tuition with a one-time payment at the time of registering. The payments after the deposit can be made by choosing either of the following 3 options:

- 1) Automatic Check Transfer (no additional fee)
- 2) Charge Card (additional 3.5% surcharge)
- 3) Check enclosed for the full amount

On the above stated payment due dates, the payments will be executed.

1) **For Automatic Check Transfer through USB Internet Banking Program**, please check here to authorize automatic check transfers of the above specified payments, and complete the following information:

I, _____, authorize the New York Conservatory for the Arts to have an
(print name)

automated check transfer to pay the above specified payments for the Summer Performing Arts Workshop. Please include a voided check if automatic check transfer is chosen for payments.

Signature _____

NYCA Summer Performing Arts Workshop ♦ 120 Schildknecht Road, Hurley, NY 12443

2) To Charge to VISA, Mastercard or Amex, please complete the following information:

I, _____, authorize the New York Conservatory for the Arts to charge my credit card to pay
(print name)

the above specified payments for the Summer Performing Arts Workshop plus a 3.5% surcharge.

Check one: ___ Charge full payment ___ Charge Deposit and Payments at payment dates

Check one: ___ VISA ___ Mastercard ___ Amex Security Code: _____

Account # _____ Exp. Date ___/___/___

Print Name as it appears on card: _____

Signature _____

3) I am Enclosing a Check for the Full Payment, and I understand that there will be an additional \$25 bookkeeping fee for any returned checks.

Please make checks payable to: New York Conservatory for the Arts and send check with application to 120 Schildknecht Road, Hurley, NY 12443. Any completed applications using payment authorizations can be emailed to nyca.mail@verizon.net or mailed to NYCA at 120 Schildknecht Road, Hurley, NY 12443.

In consideration of the student's acceptance and the payment of the appropriate fees, the NYCA agrees to reserve a place within the workshop program, and hire a professional artistic staff, as well as provide for care of cast members. Therefore, there are NO REFUNDS of any kind, for any reason, with the following exceptions: \$100.00 of the deposit will be refunded upon written request prior to April 1, 2025. Thereafter, no refunds will be made and full program fee will be due.

NYCA does not and shall not discriminate on the basis of race, color, religion/creed, gender, gender expression, age, national origin/ancestry, disability, marital status, sexual orientation, or military status, in any of its activities or operations.

The New York Conservatory for the Arts (NYCA) is a project of the Pan American Dance Foundation Inc., a Not-For-Profit Organization.

NYCA reserves the right to refuse admission to any cast member for whom full payment has not been made in accordance with the above schedule. In such event, no refund will be made and NYCA shall have the right to recover full fees with legal interest and all costs and attorney's fees. NYCA also reserves the right to recover any legal fees associated with the defense of this contract.

It is expressly understood and agreed that, if a cast member is found possessing or using marijuana, illegal drugs or alcoholic beverages, or if the cast member leaves the Campus without the express permission of NYCA Director, or if the cast member damages or defaces NYCA property, or if the cast member's conduct or influence is inimical to the best interest of the program, then the cast member may be dismissed at the sole discretion of the Director with no refund or reduction of fee. The cast member agrees not to smoke or possess cigarettes at NYCA.

The New York Conservatory for the Arts (NYCA) d.b.a. Pan American Dance Foundation, Inc., its officers, directors, and employees shall not be responsible for cast member's clothing or personal possessions lost or damaged by theft, fire, malicious mischief or otherwise. NYCA specifically advises against bringing jewelry, cash or valuables to NYCA.

I understand that part of this workshop includes performance before a paying public, and I hereby give permission for my child/ward to take part in such performances with neither extra fee nor compensation. As further consideration of this agreement, I hereby grant NYCA and its employees and assign the right to use any photograph of film or video tape in which my child/ward appears for publication, advertising and exhibition.

This contract constitutes the full understanding of the parties hereto and cannot be modified except in writing issued by the Executive Director or writing signed by both parties hereto.

PARENT SIGNATURE _____ DATE _____

SUMMER STUDENT SIGNATURE _____ DATE _____

NYCA ACCEPTANCE SIGNATURE _____ DATE _____



NYCA

120 Schildknecht Road, Hurley, NY 12443

Phone: 845-339-4340

E-mail: nyca.mail@verizon.net

Website: www.NYCA.org