2025 Pathways Youth Dance Conference
Participant Application

PLEASE READ THE FOLLOWING CAREFULLY, COMPLETE AND RETURN TO TAD

This form, completed and signed, is required to participate in the 2025 Pathways Youth Dance Conference**.** It will provide TAD with all information needed to place each participant into classes and activities, provide authorizations, and provide necessary information in case of an emergency.

Attendees will not receive a class schedule until this application has been completed and returned to TAD via email at info@tennesseedance.org. Place PATHWAYS25 into the subject line. PLEASE PRINT or TYPE answers. *Please make payment online before emailing this application.*

Name of person making the payment for this application _____

Amount of payment _____ **Date of Payment**_____

Student's Name _____

Home Address _____

City _____ State _____ Student's Date of Birth _____

Student's Dance School _____

Choosing Classes

Applicants must make a First, Second and Third choice in each category. Those choosing just their first choice will have another option chosen for them if their first choice is not available. All participants will need to attend one class in each session.

This event will not only offer advanced dance classes to help students increase their knowledge of and skills in dance, but it will also be presenting opportunities for participants to learn about post-secondary education and/or career options allowing them to apply their interest in dance. Please see the TAD website for class descriptions. Students will need to make ranking choices in each column. We will try to place students in their top choices, however placement will be on a first come first serve basis.

Saturday, September 27

Session 1	Session2	Session 3	Session 4
Class	*Panel Discussion*	*Class*	*PanelDiscussion*
Ballet 1 ☐	Dnc Company Mgmt ☐	Ballet 2 ☐	Dnce+ Community ☐
Jazz ☐	Dnc Studio Ownership ☐	Hip Hop ☐	Dnce + Healthcare ☐
Counter Tech ☐	Dance + Education ☐	Historical ☐	Dnce + Business ☐
Improvisational ☐	Dance + Media ☐	African ☐	Dnce + Theater ☐

Sunday, September 28

Session 5	Session 6
Class	*Presentation*
Pointe 1 ☐	Auditions ☐
Tap ☐	Internships ☐
Theatrical ☐	Dance + College ☐
Salsa ☐	Dance + Choreography ☐

Youth Choreography Contest

Please check if student wishes to participate in the Youth Choreography Competition.

☐ I would like to participate in the youth choreography contest. I have attached my one-minute video as a YouTube URL to the email with this application. Videos will be reviewed by a panel of judges and the top five entrees will be invited to perform on Sunday afternoon at lunch.

Parent or Guardian Authorization to Participate

As the custodial parent/guardian of (child under 18's full name) _____, I hereby authorize my child to attend 2025 Pathways Youth Dance Conference in Smyrna, Tennessee from September 26 until September 28, 2025.

Parent or Guardian Emergency Authorizations

As the custodial parent/guardian of (child under 18's full name) _____, I hereby authorize chaperoning dance teacher _____ (cell phone number:_____) or adult chaperone _____ (cell phone number): _____), and the directors and employees of Tennessee Association of Dance to contact me previous to obtaining medical attention for my child if needed.

• I have provided my child's chaperone with the appropriate insurance information in the unlikely event of an injury that would require emergency treatment.

• I further authorize the doctors, nurses, and all other necessary hospital or emergency room personnel to render necessary treatment in case of illness, sickness or injury of my child who has been brought to such location by the above-named chaperones or representatives of TAD.

• Parent/guardian or participant will be liable for payment of any necessary treatment.

Medical Conditions

Participant is physically fit and mentally capable of involvement in this activity with no medical conditions, impairments or diseases that would prevent his/her/their safe participation. Participant will use care for his/her/their own safety and well-being.

Please list any allergies and/or chronic conditions of participant that TAD needs to be aware of such as food allergies, diabetes, or celiac disease, etc..

Hold Harmless

I fully understand that by signing this document that **my child/I (if 18 or older)** (circle one) will be engaging in intense physical activity that contains the inherent risk of physical injury. Knowing this fact, I release, absolve and agree to hold harmless the Tennessee Association of Dance, its directors and staff, contract teachers and presenters, Smyrna Event Center, and all contractors and sponsors involved in this event from any liability as a result of participation in this event – including any liability for personal injury or property damage or any medical treatment obtained by my **child/me (if 18 or older)** (circle one) during this event. Enrollment and participation are the sole risk of participants and legal guardians.

Use of Image

I authorize the use of images of my **child/me (if 18 or older)** (circle one) by TAD for publicity purposes on their website, social media, print or other promotional materials sanctioned by TAD.

Approval Signature

I understand that by signing below I authorize my child under the age of 18 to participated in this program and I agree to all of the terms and conditions listed above.

Signature of custodial parent or guardian _____

Printed full name of custodial parent or guardian _____

Phone Number (_____) _____ Date _____

Student Aged 18 or Above

I understand that by signing below I agree to all of the terms and conditions listed above.

Signature of Student_____ _____

Printed full name of student_____

Phone Number (_____) _____ Date _____