

SUMMER DANCE LAB
Whitman College
Walla Walla, WA 99362 (509)527-5796 fax (509)526-4744
sdl@whitman.edu www.whitman.edu/summer_dance

HEALTH AND WELLNESS CONSENT FORM

Student's Last Name: _____ First Name: _____

The faculty and staff of Summer Dance Lab want all incoming students to be aware of the natural physical demands that an intensive program such as this entails, so that each dancer can properly prepare her/himself to have a safe and successful experience. Every SDL applicant will be dancing six hours or more a day, six days a week, for two to five weeks.

In spite of our extensive personal attention and holistic, anatomically informed approach to teaching, injuries are possible. If a student has been off for 10 days or more before attending the program, has a previous injury, a lengthy layoff from dance due to illness or injury, or any other physical concerns, it is the responsibility of the student and the student's family and local dance teacher to assess their ability to attend the program. Any concern **MUST** be taken to the student's doctor before they attend the program. Often it is better to wait a year in order to attend as a healthy student than unnecessarily stress the body and run the risk of not being able to complete the program. If your local physician and dance teacher decide that a pre-existing injury is present, but will not jeopardize their health, the student **MUST** inform the faculty so that we can properly gauge the appropriate daily schedule for their needs. We are willing to work with students and their physical limitations, provided they are disclosed to us before the beginning of the program.

As an integral part of the training that we provide, the faculty and staff of SDL consider the students to be athletes, with the corresponding dietary needs. We have worked with our dining staff to provide foods that will meet those special needs.

If you suspect or know that the applicant has an eating disorder, you must consult your physician for help, and make the decision to keep the student at home for the summer. As sensitive as the faculty and staff are, we cannot replace the guidance of a physician or other trained health professional.

The faculty knows that this does not apply to the majority of our students, but it is important that you understand that the SDL faculty cannot have the intimate knowledge of each dancer's physical health before they attend the program, and that this responsibility falls to the parent or guardian of each student. Each applicant must sign this waiver, with the understanding that Summer Dance Lab incurs the cost of faculty and housing for each student upon registration, and that the cost of registration and housing will not be refunded due to illness or injury. No exceptions.

We look forward to having you as a part of our happy, healthy family of dancers!

Signature of Student

Signature of Parent or Guardian

Consent of Health Care Provider when appropriate