

Task Force on Dancer Health/ Dance USA - Registration Form

Please complete one form per company.

If separate information is appropriate to delineate per company division, please use the "Company Division"

Section (page 2) as often as necessary

Note: ALL boxes do NOT need to be completed if not appropriate for the company)

Note: This information is collected for demographic purposes only. It gives the Task Force information regarding the companies utilizing the screen.

GENERAL COMPANY INFO

Contract Year	2023-2024	
Name (of person(s) completing this form) *Healthcare professionals may obtain assistance from company or general managers as appropriate		
Credentials (of person(s) completing this form)		
Practice address (of person(s) completing this form)		
Phone		
E-mail address		
Are you planning on conducting research with this information?		
Human subjects training	Type	
	Completion date of basic training	
	Date of expiration	
Dance company name and location (example: Atlanta Ballet, Atlanta, GA, USA)		
Style of company (example: Classical Ballet, Contemporary Ballet, NeoClassical)		
Indicate company budget category of Dance/USA	\$15 million or greater	
	\$3 to \$14.9 million	
	\$750,000 to \$2.9 million	
	\$749,000 or less	

Is the dance company a member of Dance/USA?	
Is the dance company a member of AGMA?	
Projected date(s) of screen	

COMPLETE INFO PER COMPANY DIVISION (*as appropriate*)

COMPANY DIVISION NAME

# of dancers		# of Males	# of Females:	# of X (Non-Binary/They/Them)
	Principals			
	Soloist			
	Second soloist			
	Corps de ballet			
	Apprentice company			
	Other rankings (describe & specify #) Guest Artist			
	TOTAL # OF DANCERS			

Total # of contract weeks	
Dates of annual contract	
Total # of performances in this fiscal year	

Dates, Names & Types of performances in this fiscal year	
Total # of performance weeks	
Total # of rehearsal weeks	
Total # of classes/week	
Is company class required by contract or optional?	
# of hours of dance hours/week (excluding class)	
# of touring weeks	
HEALTH CARE ACCESS INFO	
# of hours of PT/week on site	
Besides PT, is there other on-site medical care? If so, briefly describe type of on-site services & # hours/week	
Briefly describe any off-site services & how that service is accessed/paid for	

(i) Any project presented or written on behalf of the Task Force should be always be reviewed by the Executive Committee prior to submission or presentation. (ii) The Executive Committee and contributing companies will be kept informed and also maintain the option to review all presentations and publications produced on behalf of the Task Force. (iii) It is a courtesy to notify the Task Force Research Committee of any outside publications or presentations produced independently, but utilizing data collected using the IRB protocol, screening tool and/or injury tracking system.

PLEASE SPECIFY IF YOU WANT INFORMATION FOR

SCREENING	INJURY TRACKING	BOTH
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Please return completed registration form to Sheyi Ojofeitimi at screening@healthdancertaskforce.org