



ARTS BALLET THEATRE OF FLORIDA
THE VAGANOVA BALLET ACADEMY – SAINT PETERSBURG RUSSIA
Summer Intensive Program of RUSSIAN TECHNIQUE

TEACHERS - APPLICATION FORM

Teacher's name and last name _____ Home Phone (____) _____

Address _____ Apt.# _____ Mobile Phone (____) _____

City _____ State _____ Zip _____ Country _____

Email _____ Birth date ____/____/____ / Age _____

Are you a graduated (mark all that apply) ballet dancer – Year _____ School: _____

ballet teacher (BFA or similar) – Year _____ School: _____

other discipline _____

Ballet Method you are proficient on Vaganova Chechetti Bournonville Ballanchine Cuban-style

Other _____

Ballet School where you are currently working _____

Levels/ Ages teaching _____

Method you teach _____ Years of experience as a teacher _____

Do you have a pianist accompanist ? _____ if not, what CDs do you use? _____

Name teachers that made an impact in your dance career : _____

Have you attended similar workshops? If so, please list and name of your teachers _____

Please, tell us what motivated you to take this workshop: _____

What are your expectations from this workshop: _____

What are the challenges you find when you teach ballet? _____

Have you had the following training? If yes, please state the number of years/months:

Pointes _____ Pas de Deux _____ Character _____ Modern _____ (Style)

Pilates _____ Flamenco _____ Other _____

Languages you speak : _____

Arts Ballet Theatre of Florida is a non-profit organization. It does not discriminate on the basis of race, color, national or ethnic background or religion.

GENERAL RELEASE WAIVER OF CLAIM and ASSUMPTION OF RISK AGREEMENT

I, HEREBY voluntarily assume any and all risks, including property and injuries sustained or illnesses contracted by me or my child which may be caused as a result of participation or attempt to participate in any and all dance and/or performances (including any period traveling to and from the events described) by **Arts Ballet Theatre of Florida/ The Vaganova Ballet Academy** , its agents, employees or otherwise.

IN CONSIDERATION **Arts Ballet Theatre of Florida/ The Vaganova Ballet Academy** permitting me or a family member to participate in dance classes and performances, I, hereby, fully, finally and forever voluntarily release, waive and discharge **Arts Ballet Theatre of Florida/ The Vaganova Ballet Academy**, their lessors, heirs, successors and/or assigns from any and all claims, demands, damages and causes of action of any nature whatsoever which I, or by reason of my participation in said dance and programs, may deem to cause.

I acknowledge that I have read the foregoing, understand the terms contained herein, and this General release, Waiver of Claim and Assumption of Risk Agreement has been executed voluntarily.

DATE

SIGNATURE

(In case of a minor, it must be signed by the parent or guardian)