**ARTS BALLET THEATRE OF FLORIDA**

**THE VAGANOVA BALLET ACADEMY – SAINT PETERSBURG, RUSSIA**

Summer Intensive Program of Russian Technique

Application Form

(Admission to the program is by audition only)

Student’s Name and Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City State Zip Country

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E-mail Birthdate month/day/year Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present ballet school Level

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Current Teachers

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past Summer Program Experiences

Have you had the following training? Indicate the number of years/months

Pointe \_\_\_\_\_\_ Pas de Deux \_\_\_\_\_\_\_\_ Character\_\_\_\_\_\_\_\_ Modern \_\_\_\_\_\_\_\_\_\_\_(Style)

Pilates \_\_\_\_\_\_ Flamenco \_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages you speak\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name or legal guardian Occupation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name or legal guardian Occupation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Telephone

**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 Theater 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 lessor, heirs, successors and/or assigns from any and all claims, demands, damages and causes of action of any nature whatsoever which I, or by 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.

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Housing**

If the accepted student chooses his/her own housing, the information regarding the local address within Greater Miami area and the names of the hosting legal representatives must be submitted.

Please choose one \_\_\_\_ I would like to stay with a hosting family

\_\_\_\_ I opt for my own housing

Financial Aid: \_\_\_\_\_ If accepted, I would like to apply for financial assistance. I understand that funds are limited and I should also seek alternate sources of funding. Scholarship does not apply for housing nor transportation.

**Audition Payment Options**

Please choose one:

□ Enclosed is my check for $25.00 dollars (funds in American banks only)

□ Charge my credit card $25.00 dollars. The following is the information:

Master Card \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_

**Automatic Charge**

If I am accepted into the program, I authorize the charge to be made on the same card above mentioned and I understand charges will follow a strict payment schedule.

□ Yes □No

Please send this complete form by regular mail with the candidate’s picture, biography and a DVD (please check our website for video requirements) to the following address:

**Arts Ballet Theatre of Florida**

**15939 Biscayne Boulevard**

**North Miami Beach, Florida 33160**

The previous documents can also be scanned in PDF format and sent along with the video link in YouTube to the following e-mail: (everything must be sent and attached together within the same e-mail)

[summer@artsballettheatre.org](mailto:summer@artsballettheatre.org)