



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

**APPLICATION FORM**

Students name and last name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Apt.# \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ / Age \_\_\_\_\_

Present Ballet School \_\_\_\_\_ Level \_\_\_\_\_

Current Teachers: \_\_\_\_\_

Past Summer program experience: \_\_\_\_\_

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 : \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Email address: \_\_\_\_\_ Work/ mobile phone (\_\_\_\_) \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Email address: \_\_\_\_\_ Work/ mobile phone (\_\_\_\_) \_\_\_\_\_

Housing ( Please check one ) ☐ I would like to stay with a hosting family  
☐ I am a local student or plan to live locally for the summer

Scholarship Aid: ☐ If accepted, I would like to apply for financial assistance. I understand it is limited and I should also seek alternate sources of funding. Scholarship does not apply for housing.

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)