

2017 FACULTY



HEATHER MYERS - BALLET
Alberta Ballet, Boston Ballet, Nederlands Dans Theatre,



HEATHER DOTTO – MODERN / IMPROV
MOVE The Company, K and S Dance Productions, Joe Ink



ASHLEY SWEETT - JAZZ / LYRICAL
Source Dance Co., Sweett Moves Company, Lovers Cabaret



BRITTANEY ANDERSON - TAP / HIP HOP (Week 1 & 2)
M.A.D.D. Rhythms, O2 Dance, Lovers Cabaret



SARAH DEVITO - CONTEMPORARY
Sarah is the Artistic Director and creative force behind "Helix Dance Theatre" which she co-founded in 2008.

Helix Dance Theatre Society is once again presenting a Summer Dance Intensive with outstanding instruction for Pre-Professional dance students aged 12 and up.

Our goal is to bring amazing professionals together with serious dancers to focus on Ballet, Jazz, Contemporary and Modern technique.

This is an intensive 2 week dance experience under the guidance of recognized staff in a charming vacation setting. The exceptional guest faculty has a wide variety of performing and teaching expertise providing exciting instruction conducive to technical and artistic progress.

Students should currently be taking a minimum of 3 ballet classes weekly and should have a 3 year minimum experience in dance.

Arrangements can be made to assess dancers to be considered for Helix Dance Theatre Company for our 2017/18 season.

Class size is limited so we recommend you register early to avoid disappointment.

NOTE: For special study in areas of particular interest, or for private coaching with one of our guest teachers, arrangements may be made with the Company Manager, Deena Carl.

Helix Dance Theatre Society
251 Mill Road, Qualicum Beach, BC V9K 1H2
Ph: 250.954-4194
helixdancetheatre@gmail.com
www.helixdance.org



PRESENTS...



**SUMMER DANCE
INTENSIVE 2017**

JULY 10th - 21st

Location: #115 - 425 East Stanford Ave.

Parksville, BC

Helix Dance Theatre Summer Dance Intensive 2017 - Registration Form

Students Name (First and last): _____

Age at July 1/17: _____ Birth date: _____
mm/dd/yyyy

Home/Mail address: _____
Postal Code _____

Parent Contact 1: _____
Name Cell Phone Home Phone email

Parent Contact 2: _____
Name Cell Phone Home Phone email

Current Dance School: _____ Hours of Ballet per week: _____

Last Ballet Exam taken: _____ RAD / Cecchetti

of consecutive years of training: _____ Do you do pointe work? Yes No

Billeting may be available for dancers living over 75 kms away. Requests must be made by June 15th.

The cost for the program is \$475.00 for 1 week and \$855.00 for 2 weeks. On July 10th the dancers will be auditioned and placed into the appropriate levels. All registrations must be accompanied by a \$100.00 registration fee to secure your spot and a cheque dated July 10th for the remaining balance. Refunds will only be given if notified 2 weeks in advance of July 10th or under a doctor's medical note.

Please make cheques payable to "Innovate Dance Arts Ltd."

- **Helix Dance Theatre Society / IDA reserves the right to cancel programs that do not meet the minimum enrolment requirements. Helix reserves the right to substitute dance teachers if necessary. Dancers will receive breaks through the day but are not permitted to leave the premises.**

T-shirt orders!

Please indicate the size required below. T-shirts must be paid by separate cheque.

Quantity: _____ Ladies SMALL MEDIUM LARGE (Circle one)

Enclosed with this registration form:

- \$100.00 Deposit cheque
- Balance for 1 Week - July 10 - 14 or July 17 - 21 (Circle one)
- Balance for 2 weeks - July 10 - 21
- \$25.00 per T-shirt cheque
- Signed waiver

HELIX DANCE THEATRE PARENTAL CONSENT WAIVER

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY!
In full or partial consideration for allowing my minor child/ward to participate in all related activities and events held by, for and/or on behalf of Helix Dance Theatre Society and IDA (hereinafter referred to as "Helix / IDA"), both at its facility and at all other locations, I hereby warrant and agree that: I am the parent/guardian having full legal responsibility for decisions regarding my minor child/ward, namely

_____ ; and

1. I am familiar with and accept on behalf of myself and my minor child/ward that there is the risk of serious injury and death in participation, whether as a competitor, student, official or worker, in all disciplines in the performance of dance and acrobatics.
2. I have satisfied myself and believe that my minor child/ward is physically, emotionally and mentally able to participate in the classes and events taught, sponsored or participated in or on behalf of Helix / IDA.
3. I understand, and will instruct my minor child/ward, that regardless of his/her role, all applicable rules for participation must be followed and at all times the sole responsibility for personal safety remains with my minor child/ward; and
4. I will immediately remove my minor child/ward from participation in events, and notify the nearest teacher, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness.

I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, HIS/HER HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, MYSELF, MY HEIRS, ASSIGNS PERSONAL REPRESENTATIVES AND NEXT OF KIND THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

1. AN UNQUALIFIED ASSUMPTION OF ALL RISKS associated with participation in the classes and events relative to the activities of Helix by my minor child/ward even if arising from negligence or gross negligence, including any compounding or aggravation of injuries caused by the operations of Helix, classes and instruction performed at Helix / IDA and/or events participated in by Helix / IDA and/or sponsored by Helix and of any persons associated therewith or participating therein; and
2. A FULL AND FINAL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS that I have or may in the future have against any person (s), entities or organization(s) associated in any way with Helix / IDA including lessees, promoters, sanctioning bodies or any subdivision thereof, operators, sponsors, advertisers, vehicle owners and other participants, rescue personnel, inspectors, underwriters, consultants, and others who give recommendations, directions or instructions, or engage in events or event premises or any one or more of them, and their respective directors, officers, employees, contractors, agents and representatives (all of whom are referred to as "the Releasees") from any and all liability for any loss, damage, injury or expense that my minor child/ward may suffer, or that his/her next of kin may suffer as a result of his/her use of, or presence at Helix / IDA facilities, and sponsored or participation at events, due to any cause whatsoever, INCLUDING NEGLIGENCE, GROSS NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE RELEVANT OCCUPIERS LIABILITY ACT ON THE PART OF THE RELEASEES; and
3. AN AGREEMENT NOT TO SUE THE RELEASEES for any loss, injury, cost of damages of any form or type, howsoever caused or arising, and whether directly or indirectly form the participation of my minor child/ward in any aspect associated with Helix or events or participation in and by Helix / IDA, both at its facility and at other locations; and
4. AN AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on negligence or gross negligence of the Releasees or otherwise.
5. AN AGREEMENT that this document be governed by the laws of the Province or State in which the classes and events occur.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN SUBSTANTIAL LEGAL RIGHTS WHICH MY MINOR CHILD/WARD, HIS/HER HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS AND I AND/OR MY MINOR CHILD/WARD MAY HAVE AGAINST THE RELEASEES. I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT

Signed this _____ day of _____, 20_____.

Signature of Applicant: _____

Printed Name of Applicant: _____

Signature of Parent or Guardian: _____
(If applicant is under 18 years of age).