

# Ballet Workshops with the National Ballet of Cuba August 4-18, 2010 ~ Havana, Cuba

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The Canadian Ballet Youth Ensemble (CBYE) invites experienced male and female ballet dancers ages 16 + to attend an intensive training course at the National Ballet of Cuba in Havana. Please read the below information about trip details.

Dancers under the age of 16 are asked to contact CBYE to discuss workshop opportunities.

## About BNC & The Cuban Style of Ballet

The Ballet Nacional de Cuba (BNC) constitutes one of the top five most prestigious dance companies of the world. Founded by Ms. Alicia Alonso, the Cuban National Ballet is the highest expression of the Cuban style of ballet. Since the founding of the BNC, the company's performances have simply exploded in the world's theatres in over 58 countries. The Cuban National Ballet School is the largest ballet school in the world which turns out 40 professional dancers a year. Many graduates of the school have become marquee names and principal dancers in several American and British companies.

The Cuban style of ballet follows the classical Russian system with a unique expressive flare that stems from Latin- American cultural roots.

"The Cuban style comes from deep within the Cuban spirit, from our joys and from our sadness," Alonso says. "Some people are turned inward. The Cubans are always out, sensual. The Cuban ballet style comes from me, from my way of projecting my whole being."



## Workshop Overview

Students attending the workshop will take part in 10 days of intensive ballet training. Each class is taught by professional ballet masters from the BNC. Classes are designed as a combination of theoretical-practical engagement with the technique and interpretive concepts of the Cuban style of ballet. Classes focus on the physical preparation and performance qualities of the dancer.

On the first day of the workshop, student's will be assessed and based on dance experience be assigned an appropriate class schedule. Classes offered part of the workshop include:

- Ballet Class
- Body Conditioning
- Pointe Class
- Pas de Deux
- Stage Make Up Application Techniques

All classes take place at the BNC school in Havana, Cuba located at Calle Calzada No. 510 entre D y E, El Vedado, Ciudad de La Habana.



## Dates of Travel & Classes

<b>AUGUST 2010</b>						
<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
1	2	3	4 Departure from Toronto	5 Classes	6 Classes	7 Classes
8	9 Classes	10 Classes	11 Classes	12 Classes	13 Classes	14
15	16 Classes	17 Classes	18 Departure from Havana	19	20	21
22	23	24	25	26	27	28
29	30	31				

### Travel & Accommodations

Each workshop participant is responsible for arranging their own travel and accommodations.

### Workshop Fee

Please contact CBYE for details of workshop costs. Each workshop participant is required to submit a \$75 registration fee. The average cost for a month of training is approximately \$525.

### Medical and Travel Insurance Information for Travellers

The Government of Cuba decided last February 16, that all travelers, foreign and Cubans living abroad, coming to the island from May 1, 2010 and thereafter shall take out a medical insurance policy.

To meet such requirement, travelers shall have a travel insurance which covers medical expenses or a policy for medical expenses with coverage in Cuba. The insurance policy should be taken out at the home country of departure. Travelers, who, exceptionally, do not have insurance at arrival, could take out a policy of insurance and assistance from Cuban insurance companies at the airport, port or marina. Travel insurance from the following list of Canadian insurance companies is accepted in Cuba:

ACM  
 ASSURED ASSISTANCE  
 CANASSISTANCE  
 DESJARDINS (SIGMA-ASSISTEL)  
 FOX FLIGHT  
 GLOBAL EXCEL  
 HEALTH INSURANCE DIVISION  
 ICMS-WORLDWIDE EMERGENCY ASSIST  
 (TORONTO)  
 JOHN INGLE INSURANCE

KEEWATIN AIR  
 MAGNUS POIRIER  
 MEDICAL SERVICES ASSOCIATION  
 MONDIAL ASSISTANCE  
 POLTRUTT & SMITH  
 SIGMA ASISTEL  
 SKY SERVICE-FBO INC  
 WORLD ACCESS, CANADA  
 WORLD TRAVEL PROTECTION  
 WORLDWIDE MEDICLAIM

Upon demand after their arrival, travelers shall present a policy, insurance certificate or travelling assistance card valid for the time span they will stay in Cuba.

In case of any medical emergency, the Cuban health system guarantees the necessary medical care through a network of polyclinics and hospitals, covering every corner of the island. Primary health care is provided in most of hotel facilities.

For more information when planning your trip, please contact:

**Cuban Consulate in Toronto**

5353 Dundas West, Square Kipling, Suite 401-402, Toronto, ON, M9B 6H8

**Tel.** (416) 234-8181 / 234-1300

**Email.** [cubacon@on.aibn.com](mailto:cubacon@on.aibn.com)

## Passport & Tourist Cards

All travellers to Cuba require a passport that is valid for at least 6 months after their travel date. If you don't have a valid passport, be sure to begin the application process now. Each traveller must submit a photocopy of their passport at time of registration for the trip.

For workshop participants and accompanying guests, a tourist card is required. Tourist cards are to be purchased at the Toronto Airport at the time of flight check in. The cost is \$25 CDN.

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## Register for a Workshop

To register for a workshop, please include the following in your application package:

- Travel Registration Form (each traveller needs to fill out a form)
- Dancer Medical Waiver for each dancer
- Dancer Medical Questionnaire
- Passport photocopy for each passenger
  - \* Passports must be valid for at least 6 months after the travel date
- Workshop Fee and Registration Fee

**Completed application packages with payment must be submitted to CBYE by May 15th, 2010.**

You may submit the application by the following ways:

**By E-mail:** [info@cbye.ca](mailto:info@cbye.ca)

**By Mail:** CBYE  
c/o August Workshop in Cuba  
47 Cait Court  
Ancaster, ON  
L9G 1M3

\* This is a residential address and is not accessible for in person drop off.

# WORKSHOPS FOR DANCERS IN CUBA

## TRAVEL REGISTRATION FORM

*Please complete one form per traveller and submit to CBYE office along with payment.*

**TRAVELLER'S NAME:** \_\_\_\_\_

- Workshop Participant  
 Accompanying Traveller

Address \_\_\_\_\_

City \_\_\_\_\_ Prov/State \_\_\_\_\_ Postal Code/Zip Code \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **DANCER INFORMATION** (to be filled out by workshop participants ONLY)

Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Current Dance School \_\_\_\_\_

Number of Years of Ballet Experience: \_\_\_\_\_

Number of Years of Dancing en Pointe: \_\_\_\_\_

Have you had any pas de deux training?  Yes  No

What style of ballet have you been trained in ?

- R.A.D. (Royal Academy of Dancing)  
 Vaganova  
 Cecchetti  
 Other (please specify) \_\_\_\_\_

Medical Information : identify any medical conditions that the Dance Instructors should know:

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

### **CONSENT FOR TRAVEL & WORKSHOP PARTICIPATION**

I/we have reviewed the rules and regulations in line with this program and accept the conditions thereof. I/we acknowledge and agree to abide by the rules and regulations of CBYE. The undersigned hereby releases and forever discharges the CBYE and its associates from and against all claims, causes, or actions or demands for personal injury or damages, however arising, as a result of or consequences of the registrant's participation in the dance workshops in Cuba and/or travel to Cuba. With all foregoing, I/we accept participation in this program.

Traveller's Signature \_\_\_\_\_ Date \_\_\_\_\_

Traveller's Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (please print) \_\_\_\_\_

# WORKSHOPS FOR DANCERS IN CUBA

## DANGER MEDICAL WAIVER FORM

(Please Print)

### Parent's Instructions on Medical Treatment

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

If a parent/guardian is travelling with the child to Cuba, please state the name of the hotel that you will be staying at. *(For those who booked your hotel through CBYE your hotel is Melia Cohiba).*

Hotel Name: \_\_\_\_\_

### Alternate person to call if an accident occurs and we are unable to reach you:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### Medical Insurance Information

The Government of Cuba has announced that travellers will have to present proof of health insurance in order to enter the country as of May 1, 2010. For additional details, please consult the [Embassy of Cuba in Canada](#).

Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### Medical Treatment Waiver

If my child needs medical treatment, it is my wish that the treatment be started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made.

Parent/Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_  
(Please Print)

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

## WORKSHOPS FOR DANCERS IN CUBA

### DANCER MEDICAL QUESTIONNAIRE

Child's Name: \_\_\_\_\_

Please circle the correct answer. All information will be confidential.

Yes	No	Are you allergic to any general medication (aspirin, sulfa, penicillin, etc. If so, please indicate which medication(s)
Yes	No	Is your child presently on medication?  If yes, please list medication (s)  List Drug Sensitivities
Yes	No	Have you ever had an epileptic seizure or been informed that you have epilepsy?
Yes	No	Have you ever been treated for diabetes? If so, please indicate the type(s) of insulin or pills you use.
Yes	No	Has a medical doctor ever told you were anemic or had sickle cell anemia?
Yes	No	Do you have or have you ever had high blood pressure? If so, list any medication for it that you take regularly.
Yes	No	Do you have or have you ever had any of the following diseases? If so please circle the appropriate ones.  Heart disease (rheumatic fever) Liver disease (hepatitis) Kidney disease (infections)  Lung disease (pneumonia)
Yes	No	Have you ever been informed by a medical doctor that you have asthma? If so, what medication, if any do you take regularly.
Yes	No	Have you ever been "knocked out" or experienced a concussion during the past 3 years? If so, give the dates of each.
Yes	No	Have you ever had an injury to your neck involving nerves, vertebrae (bones) or discs that incapacitated you for a week or longer? If yes, give the dates of each such injury.

Yes	No	Do you wear any dental appliance? If yes, circle the appropriate appliance> Braces full place          Permanent retainer          Removable retainer
Yes	No	Do you wear contact lenses?
Yes	No	Have you had a fracture during the past 2 years? If yes, indicate which bone was broken and the date it happened.
Yes	No	Have you ever had an injury to your back?
Yes	No	Do you experience Pain in your back? If yes, indicate frequency. Seldom    Occasionally    Frequently    With Vigorous Exercise
Yes	No	Have you injured your knee during the past 2 years with sever swelling as a result?
Yes	No	Have you ever been told that you injured the ligaments and/or cartilage of either knee?
Yes	No	Have you ever been advised to have surgery to correct a knee problem?
Yes	No	Did you ever have knee surgery? If yes, indicate the date.
Yes	No	Have you experienced a severe sprain or either ankle during the past 2 years?
Yes	No	Have you had any injury to your foot or toes in the past 2 years? If yes, explain:
Yes	No	Do you have any chronic conditions that nave no been mentioned above? If so, explain: