

# **JAMES SEWELL BALLET**

## **DANCE INTENSIVE**

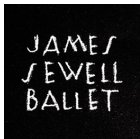
**October 17-21, 2023**



**located at The Cowles Center**  
**528 Hennepin Avenue, Studio 2B**  
**Minneapolis, MN 55403**

**JSB contact info:**  
**(612) 672-0480**  
**info@jsballet.org**

This JSB Dance Intensive is intended for adult dancers with some dance training beyond fundamentals. The over-arching goal of this Intensive is for participants to **deepen their understanding of ballet and related movement modalities; engage in a creative physical pursuit in a friendly environment; and commit to wellness and regenerate their energy.**



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**PARTICIPANT  
 HANDBOOK**

**SAMPLE SCHEDULE**

	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>
<b>4:30</b>	Warm Up	Warm Up	Warm Up
<b>5:00</b>	Ballet	Ballet	Ballet
<b>5:30</b>			
<b>6:00</b>			
<b>6:30</b>	Workshop	Workshop	Workshop
<b>7:00</b>			
<b>7:30</b>		Cool Down	Connected Partnering
<b>8:00</b>			
<b>8:30</b>	<b>End of Day @ 8:30pm</b>		

	<b>Friday</b>	<b>Saturday</b>
<b>8:30</b>	Warm Up	
<b>9:00</b>		
<b>9:30</b>	Ballet w JSB	Warm Up
<b>10:00</b>		
<b>10:30</b>		
<b>11:00</b>	Open Rehearsal w JSB	Ballet
<b>11:30</b>		
<b>12:00</b>	Lunch	Coordi™
<b>12:30</b>		
<b>1:00</b>	Coordi™	Lunch + Takeaways
<b>1:30</b>		
<b>2:00</b>	Connected Partnering	<b>End of Day @ 2pm</b>
<b>2:30</b>		
<b>3:00</b>		
<b>3:30</b>	<b>End of Day @ 3:30pm</b>	
<b>4:00</b>		



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## POLICIES

### OVERVIEW

Participants are expected to attend every class for which they are scheduled. If a participant is sick or running late, we ask they inform JSB at 612-672-0480 so we can know to proceed without them.

This Intensive includes thoughtful goal-setting & mentorship. The dancers, choreographers and movement experts who you will train with during this Intensive value personal growth and agency. We combine rigor with playfulness to foster each dancer's best potential. We invite you to challenge yourself, be honest, and use this Intensive to hone your personal artistic goals.

**The over-arching goal of this Intensive is for participants to accumulate a deep understanding and embodiment to allow their artistry to more fully emerge.**

### FOOD AND DRINKS

Participants should bring snacks and meals as appropriate. There are places close by to buy food if needed but participants under 18 will need special permission from parents to leave the building. Open food and drink, other than water, are not allowed in the studios. There is access to a fridge and microwave. Water bottles are permitted and are essential; please bring a reusable water bottle. Participants are expected to maintain the building's cleanliness. All waste is to be disposed of in the available appropriate containers. Please use recycling bins provided. Dancers are expected to take care of themselves during the program and eat well. To take full advantage of this program and all that it has to offer, participants need to be well-nourished, well-rested, and hydrated.

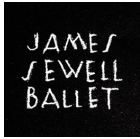
### HEALTH AND SAFETY

Effective June 20th, 2022, the Cowles Center will require masks only when attending a performance in the theatres. Masks are no longer required in hallways and dance studios. JSB will adhere to this policy, making masks optional in our classes until further notice. JSB reserves the right to make changes to these policies at any time.

Injuries should be communicated immediately so a plan for best program interaction can be formed.

### STUDIO POLICIES

Street shoes are not permitted on dance floor. If street shoes are required for choreography, please make sure the bottoms of sneakers are clean from dirt and debris. All liquids and lotions (i.e. Icy Hot, Tiger Balm, Baby Powder, Jet glue, Arnica, etc.) must be used outside of the studio. Rosin is not permitted to be used on any of the studio floors. Any trash (toe tape, Band-Aids, etc.) accumulated in the studios must be disposed of in the available trash containers.



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### ATTIRE

- Leotard, Fitted sport top or T-shirt;
- Tights, Biker shorts or Fitted athletic pants;
- Ballet slippers as well as danceable socks;
- Hair must be secured enough for turning.
- Please keep jewelry to a minimum.

### TOUCHING STATEMENT

During the teaching process, in order to ensure correct placement and coordination, it may be beneficial for the instructor to touch the participant in various places: arms, hands, chest, lower back, abdomen, neck, legs, feet, etc. If you do not wish to be touched, please inform Eve ([eve@jsballet.org](mailto:eve@jsballet.org)) and your wishes will be respected by all the instructors.

### SMOKING/DRUGS/ALCOHOL AND ILLEGAL ACTIVITY

James Sewell Ballet practices a no-tolerance policy for drugs, alcohol, and illegal activity. All such activities are grounds for immediate dismissal. All costs incurred are the responsibility of the participant and/or guardian.

### RULES PERTAINING TO THE SUCCESS OF THE PROGRAM

- Always be supportive, humble, and respectful towards all participants and staff. Disrespectful attitudes of any kind will not be tolerated.
- There will be breaks in between classes throughout the day. Be prompt but also mindful of assessing your needs during those moments.
- Past participants have valued bringing along a journal, pen, and water bottle.
- Please keep your cellphone on SILENT/OFF while in the studio. No cellphones may be used while in class.
- Please conduct yourself in a respectful manner as a representative of the James Sewell Ballet Dance Intensive.

### TEACHING ARTISTS will likely include:

**Leah Gallas:** Ballet

**Sabine Ibes:** Partnering,  
Tango

**Kerry Parker:** Ballet,  
GYROKINESIS™

**James Sewell:** Ballet, JSB  
Repertoire

**Yuki Tokuda:** Ballet



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## MEDICAL RELEASE

Participant Name
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*First*

*Middle*

*Last*

Address	Date of Birth
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*Street Address*

*City*

*State*

*ZIP Code*

Phone	Email
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1. Attach any special medical and health notes on a separate page if you run out of room on the form.
2. Please let us know of any special health needs:
3. Please list any and all allergies here:
4. Prescription & Over-the-Counter Medications:
5. Blood Type:

**Release:** By enrolling myself/my child in the James Sewell Ballet Dance Intensive, I, the undersigned self/guardian of \_\_\_\_\_ does so at my/his/her/their own risk.

James Sewell Ballet or any Instructors shall not be liable for any damage incurred from personal injuries sustained by participant in or about the premises. Participant assumes full responsibility for all injuries and damages which may occur in or about the premises.

I, intending to be legally bound, do hereby waive, release and forever discharge any and all rights and claims against the Cowles Center and James Sewell Ballet, its directors, instructors, and/or any involved personnel, for any damages or injury sustained by my child while participating in, or attending any activity, training or practice directly or indirectly related to this James Sewell Ballet Dance Intensive,



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whether the incident occurs on the premises or traveling to and from the premises. In addition, I do hereby certify that I/my child has insurance through:

Insurance Company

Policy Number	Subscriber Number

*Please attach a photocopy of your family's insurance card (both sides).*

Physician's Name/Clinic	Physician/Clinic Phone Number

**Consent to Medical Care:** I, the undersigned parent/guardian of \_\_\_\_\_ do hereby grant authority to the staff of the James Sewell Ballet Dance Intensive to render judgment concerning medical assistance or hospital care in the event of an injury or illness during my absence or if I am unable to be contacted.

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



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**PHOTO/VIDEO RELEASE**

I, \_\_\_\_\_, **DO / DO NOT** (circle one) give permission for myself/my child, \_\_\_\_\_, to be photographed and/or filmed during the James Sewell Ballet Intensive for commercial use in all print and digital marketing forms in perpetuity.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

*If participant is younger than 18:*

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

**OFF-CAMPUS PERMISSION**

*Please complete if participant is younger than 18.*

I, \_\_\_\_\_, **DO / DO NOT** (circle one) give permission for my child, \_\_\_\_\_, to spend time off-campus during the James Sewell Ballet Dance Intensive. Off-campus is defined as any area outside of the Cowles Center 2<sup>nd</sup> floor.

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