



HARKNESS CENTER FOR DANCE INJURIES

Injury Prevention Workshop / Dance Educator Intensive Request Form

I am interested in scheduling (check one):

Injury Prevention Workshop Dance Educator Intensive

Injury Prevention Workshops are for dance students and professionals and are offered as a lecture or a combination of lecture and movement.

Dance Educator Intensives allow an in-depth look at topics related to healthy training practices as well as educator self-care and longevity.

Desired length (check one):

60 minutes 90 minutes 2 hours 2–4 hours 1 day Multiday

Name: _____

Job Title: _____

School/Affiliation: _____

Address: _____

Are you interested in a lecture only, or a lecture and movement workshop*? (check one):

Lecture only Lecture and movement workshop

**Please note that NYU Langone Health requires that participants in movement workshops sign consent forms. A parent/guardian must sign the consent form for minors (ages 17 and under).*

Are you interested in having a virtual or in-person workshop? (check one):

Virtual In-person at NYU Langone Health In-person at my organization

Please note there is an additional fee for instructors to travel outside of New York City.

If NYU Langone Health:

- Please list preferred dates and times; we will do our best to accommodate.

Please answer the following if you would like to bring HCDI clinicians to your organization:

- Organization address: _____
- Preferred dates and times: _____
- Does your space have A/V capacity to project power point presentations? If yes, in what format should the instructor bring the presentation (e.g., flash drive)? _____

Approximately how many participants will attend the virtual or in-person workshop? _____

What dance genre(s) do the participants practice?

What is the age range of your participants? Please select all that apply:

Younger than 8 years _____ 13–15 years _____ Older than 21 _____

8–10 years _____ 16–17 years _____

11–12 years _____ 18–21 years _____

Has your group of students or dance educators had any type of previous injury prevention education? If yes, please briefly describe. _____

Please note any other questions or needs you have. _____

To submit: please download PDF, complete, and email to Kristen.Stevens@nyulangone.org

Thank you! Upon receiving your request, we will contact you to schedule your Workshop or Intensive, provide a budget, discuss content in detail, and answer any other questions.

