



Prairie View A&M University's
Performing Dance Company
Classic Dance Ensemble
Audition – Registration Packet

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School College of Education
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Prairie View, Texas 77446
Leroy Moore Intramural Gym – Suite 131 (office)

Classic Dance Ensemble Audition Requirements 2020 – 2021

Audition Date: August 10, 2020

Note: You may submit your documents and footage before or by August 10, 2020.

Location: Virtual Auditions (ONLINE)

General Requirements for Auditions

➤ *Experience/technique in two or more of the following genres of dance*

A.) Ballet B.) Contemporary Modern C.) Jazz D.) African

➤ *Execution of specific movements will include, but will not be limited to:*

*Split – Left/Right/Center *Chassé *Triplets *Leg extensions (devant/derrière/à la seconde)

*Turns: Pirouettes/Jazz Turns – Single/Double/Triple, Piqué Turns, Fouetté Turns, Turns en á la seconde, Chaînés

*Leaps: Grand Jeté, en á la seconde, switch leaps

*Hitch Kicks *Tilts & Tilt Jumps *C-jumps *Barrel *Calypso *Axel

*Body Alignment during execution of movement, Stability & Endurance

(The skills listed above are not mandatory for auditions but are highly encouraged)

➤ *Emotional Color* (Perfect technique without emotion makes it hard to engage and move your audience.)

➤ *Strength and Endurance* (Portraying the quality or state of being physically and technically strong during your performance.)

➤ *Attire*

A.) Hair: Make sure hair is pulled back neatly off of the face (Bun or secure ponytail is suggested)

B.) Ladies: Leotard or fitted tank top, unitard/biketard, boy shorts accompanied with tights, leggings, jazz pants, bare feet and/or ballet/jazz shoes (Color – Black leotard, flesh tone tights)

C.) Males: Biker shorts, biketard, Black or White T-Shirt, Black tights, bare feet, and/or black ballet/jazz shoes

Note: (Judges will need to be able to see the frame and alignment of the dancers' body during movement. Please make sure that you adhere to the proper attire, or you will forfeit your opportunity to audition.)



Audition Eligibility

- ✓ **Classic Dance Ensemble Audition Application**
- ✓ **Signed Application Agreement**
- ✓ **Waiver of Liability, signed by a legal guardian/parent if under 18 years of age**
- ✓ **Headshot**
- ✓ **Cumulative GPA = 2.0**

Physical Audition Guidelines

- ✓ **Video Submission (Part I)** – Choreography must portray technique from one of the following genres: Ballet, Contemporary Modern and/or Jazz
 - A. **Time Frame** – Maximum two minutes (video must not exceed two minutes)
 - B. **How to submit video?** Share your video via Google Drive (sharper3947@gmail.com or shharper@pvamu.edu)
- ✓ **Video Submission (Part II)** – Once judges review the registration form and video footage; students will receive notification for transition to the second round of auditions.
 - A. **Choreography** – Students will learn pre-recorded choreography
 - B. **Video Submission** – Share your second video via Google Drive (sharper3947@gmail.com or shharper@pvamu.edu)

What is Classic Dance Ensemble?

Classic Dance Ensemble (CDE) is a non-profit, co-ed student pre-professional collegiate dance company founded in 1989 by Prairie View A&M University students, Bongi Sithole, and Jennifer Adams. The company's first dance director, Ms. Paula Williams, graced the dancers with her wisdom and guidance ensuring that they ultimately continued their path as dancers by learning all classical dance genres. Students are not required to minor in dance in order to audition for the dance company.

The mission of CDE is to achieve excellence through dance, by portraying a commitment to discipline, technique, and dance education.

The company performs throughout the United States and for various departments and colleges on campus, which strengthens the connective link between academics and the performing arts. Ms. Sherry Harper is currently the Academic Dance Coordinator and Director for the university's pre-professional collegiate dance company, Classic Dance Ensemble, which is a part of the Whitlowe R. Green College of Education, Health and Kinesiology Department.

Classic Dance Ensemble Application Agreement

I, (print) _____, submit this application to the Classic Dance Ensemble director for a position with Prairie View A&M University's performing dance company, Classic Dance Ensemble. By submitting this application, I understand and agree to the following:

- ✓ **Please check all open fields. Once you have carefully read and completed the application agreement please sign, date and return to the dance director before the given deadline.**

_____ I will be a full-time student, taking a **minimum** of 12 credit hours for undergraduate or six hours for graduate students at Prairie View A&M University during the fall 2020 semester.

_____ I must maintain a 2.0 GPA and will hereby release my academic transcripts to the executive dance director, Ms. Sherry Harper, prior to the first day of classes or upon my acceptance into the company.

_____ I understand that I must be in good standing with Prairie View A&M University or my high school and not on any forms of academic or disciplinary probation.

_____ I have no health or physical deficiencies, which would hinder my ability to perform as a CDE member or which might cause performing as a CDE member to be unsafe to my health or the wellbeing of my fellow company members.

_____ I must turn in all documentation to the dance director no later than August 10, 2020.

- ✓ CDE Application
- ✓ CDE Application Agreement
- ✓ Waiver of Liability, signed by legal guardian/parent if under 18
- ✓ Copy of PVAMU Acceptance letter or proof of current student
- ✓ Headshot and Video Submission

_____ If selected and I accept a company position, I understand that I will be required to attend and participate in all rehearsals, meetings, on and off campus functions, fund raisers and performances while adhering to CDC guidelines and social distancing due to the current pandemic for COVID-19.

_____ I understand that I am agreeing to the commitment of two consecutive semesters (Fall 2020 & Spring 2021).

_____ I understand that I am committing my non-academic time to Classic Dance Ensemble and will not place CDE secondary to any other non-academic activity. (Please notify the dance director of your work and/or class schedule) I understand that with the exception of my academics, my commitment to CDE takes first priority over all other activities. This includes last minute and unscheduled performances. *Academics are a priority!*

_____ I understand and agree to be financially responsible for all items needed that will not be provided to me after becoming a member of Classic Dance Ensemble.

_____ I understand and accept that failure to meet any of the requirements listed above will result in my disqualification from consideration for Classic Dance Ensemble.

_____ I understand that I am an official representative of Prairie View A&M University, the Health and Kinesiology Department and the College of Education. I will always conduct myself in a manner to uphold the character, tradition and integrity of PVAMU.

_____ I understand that I will receive and sign a DANCER CONTRACT FORM after acceptance into Classic Dance Ensemble which will list the terms and conditions of CDE in further detail.

_____ I accept, respect, and understand that the decisions of the judges and director are FINAL.

Signature: _____

Date: _____

Classic Dance Ensemble Audition Application

Name: _____ Date: _____

Current Address: _____

(School)

Street

City

State

zip code

Permanent Address: _____

(Home)

Street

City

State

zip code

Email: _____ Student ID #: _____

Phone: _____ Date of Birth: _____

Emergency Contact (Name): _____

Relationship: _____ Primary Number: _____

Years of dance experience: ___ less than one year ___ 1- 2 years ___ 3 or more years

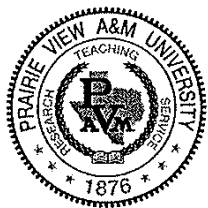
Explain previous dance experience: _____

I am a dance minor ___ Yes ___ No

I would like to declare dance as my minor ___ Yes ___ No ___ Not Applicable

List any other extracurricular activities you may be involved in: _____

Why should you be a member of Classic Dance Ensemble?



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

I, _____, age _____, desire to participate voluntarily in all activities of the Classic Dance Ensemble - Auditions ("Activity"), which is sponsored or conducted by or under the auspices of Classic Dance Ensemble - Organization ("Sponsor"), a member of The Texas A&M University System. I am fully aware that there are inherent risks to myself and others involved with the Activity, including but not limited to illness, injury (including death), and loss of personal property, and I choose to voluntarily participate in the Activity and do voluntarily assume the above mentioned risks as to myself and my property, and to the person and property of others. I acknowledge that the Activity may be physically strenuous. I know of no medical reason why I should not participate.

PHOTOGRAPHY AND VIDEOGRAPHY:

The student/parent acknowledges that photographs or video/audio recordings of the scheduled events may be made by or on behalf of the Organization and hereby agrees to the reasonable photographing or recording and the use thereof by the Organization for archival and promotional purposes only.

HOLD HARMLESS, INDEMNITY AND RELEASE:

For myself, my heirs, personal representatives or assigns, I do hereby release, waive, covenant not to sue, indemnify and agree to hold harmless for any and all purposes the Sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees ("RELEASEES" and/or "INDEMNITEES") from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in the Activity, while traveling to and from the Activity, or while on the premises owned, leased, or controlled by RELEASEES/INDEMNITEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES/INDEMNITEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

NO INSURANCE:

I understand that RELEASEES/INDEMNITEES do not maintain any insurance policy covering any circumstance arising from my participation in the Activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from the Activity so it seeks a waiver of claims as additional consideration for my right to participate such that Sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

MEDICAL AUTHORIZATION, INDEMNITY AND WAIVER:

I understand RELEASEES/INDEMNITEES cannot be expected to anticipate or control all of the risks associated with the Activity and RELEASEES/INDEMNITEES may need to respond to illnesses, accidents, injuries, and potential emergency situations. Therefore, I hereby give my consent for any medical treatment, rescue or evacuation services that may be required (as determined by Sponsor staff, medics, emergency personnel, or other medical professionals) during my participation in the Activity with the understanding that the cost of any such treatment will be my responsibility. I, for myself, my heirs, personal representatives or assigns, agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed medical care facility documentation promising to pay for the treatment due to my inability to sign the documentation. I, for myself, my heirs, personal representatives or assigns, further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

VOLUNTARY SIGNATURE AND BINDING OF HEIRS AND ASSIGNS:

In signing this Agreement, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed. Sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this Agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. For students engaging in extracurricular activities: I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity, and choosing some other activity available to me, that has a lower level of risk to me. I further understand this is a voluntary activity and that not participating in this activity will in no way hinder my ability to obtain a degree from member institutions of The Texas A&M System. For students going on field trips, foreign travel or other class-related activities: I understand participation in this class/fieldtrip/activity is not mandatory, and I will not be penalized for failing to participate in this activity due to an emergency. It is my express intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

SIGNED this _____ day of _____, 20__.

Participant Signature: _____

Printed Name: _____

Parent or Legal Guardian Signature: _____

(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____

(If Participant is under 18 years old)