



SWEAT Competitive Hip Hop Crew TRYOUT INFO PACKET Madison 2016-2017

Hello!! & thank you for your interest in becoming a member of the Sweatshop Movement (Junior) Competitive Hip Hop Crew Program (or as we like to call ourselves, SWEAT shorties & SWEAT Squad.) We are looking forward to another exciting season as one of Madison's FIRST and ONLY Competitive Hip Hop Crews. This packet serves as an overview of our team, team auditions, season calendar, registration info, and projected costs, as well as tuition and financing options. **Please read thoroughly 0 you will be responsible for understanding all of the information in this packet, and will indicate so by signing our Registration Form at the end of this packet.**

PROGRAM OVERVIEW

Sweatshop Movement, Inc. is a Federal 501(c)3 non-profit organization whose mission is to further and foster legitimate hip hop dance training for youth, in an accessible way. Our program believes in creating positive role models within our local community & dance community, and a key part of our programming is to make dance opportunities affordable to young dancers. We offer a unique Scholarship Program, award-winning instructors and choreographers, and a strong program incorporating a variety of styles of dance, and promoting discipline, sisterhood, academics, sportsmanship and commitment.

"SWEATshorties" YOUTH TEAM Info

- Age: 6-11
- TRYOUT CLINIC (required):
 - Wednesday, Sept 21 • 5:00-6:30p
 - Wednesday, Sept 28 • 5:00-6:30p
- Actual Auditions: Saturday, Oct 1 • starting at approx 2p

"SWEAT Squad" JUNIOR TEAM Info

- Age: 12-18
- TRYOUT CLINIC (required):
 - Wednesday, Sept 21 • 6:30-8:00p
 - Wednesday, Sept 28 • 6:30-8:00p
- Actual Auditions: Saturday, Oct 1 • starting at approx 2p

TRYOUTS WILL CONSIST OF:

2 learning sessions followed by an evaluation by a panel of judges. Potential team members will be evaluated on routine knowledge, energy, showmanship, skills and attitude during our practice sessions. Based on the audition evaluation and decision of the coach(s), team members will be selected and placed on respective teams, grouped based on age and ability.

****FAILURE TO COMPLETE ALL OF THE ABOVE ITEMS, AND SIGN ALL OF THE FORMS INCLUDED IN THIS PACKET WILL RESULT IN INELIGIBILITY FOR THIS TEAM. ****

Being a part of this team requires hard-work, focus and dedication. The first step to showing us that you would make a great member of our team is to FOLLOW the instructions in this packet, to show us your dedication and drive. We can't wait to meet you!!

Please note that being part of the SWEAT Competitive Hip Hop Crew Program is a big commitment, but it is also an excellent opportunity to make unforgettable memories, friends and experience the world of dance. When viewing the expected costs, please remember that we do provide fundraisers to offset the cost of the program, and we have many Scholarships & Tuition reduction programs available! We are a non-profit committed to getting people dancing - tryout first & we'll figure the tuition out later!! :) WE WANT YOU!! Email with questions.

General AUDITION INFO REQUIREMENTS!

To audition for one of the SWEAT Competitive Hip Hop Crews, you must:

****REQUIRED completed by Saturday 9/25 in order to audition****

- Register for auditions at <https://dancestudio-pro.com/online/sweatshopmovement>

****REQUIRED Completed by Saturday 10/1 in order to audition****

- Download/grab a copy of our Tryout Packet (available at www.sweat-move.org/madison-hiphop-crews.html)
- COMPLETE attached Application, Teacher Referral & Grade Report Forms**
- WRITE AND SUBMIT Paragraph Essay**
- COMPLETE attached Sweatshop Participation Waiver & Express Yourself Liability Waiver**
(Dancers in Elementary School are able to ask for assistance of an adult in completing these forms)

PROGRAM & PRACTICE INFO!

- **You will be contacted on Sunday, October 2nd, to let you know if you made the team.** Details will be presented at tryouts & at the parent meeting.
- Programs will run from September thru June, and is open to dancers age 6-18. Teams will be formed based on age, enrollment & ability
- A full Calendar of Events will be handed out at our First Team meeting & practice, Weds Oct 5th at class.
- Teams will compete in approx. 5-8 performances/events per season, depending on age, availability and cost.
- This crew will compete and perform Hip Hop Dance Choreography only, with options to explore other styles of hip hop including popping, tutting, etc.
- Scholarships & Tuition reduction programs are available! Please email us to inquire.
- **A mostly-mandatory Parent Meeting will be held during our first official practice on Wednesday, October 5 during your teams class time.** It is highly suggested that all parents attend (as you will be responsible for the information given whether in attendance or not) however it is not required that you attend.

TEAM COSTS & FINANCE INFO

SWEAT Competitive Hip Hop Crew Fee Information:

- **TEAM FEE: \$45/month** (*This covers the coaching, choreography, class & administrative fees, and as well as any incidental costs for other items needed, etc*)
- As a part of this team, purchases include but are not limited to:
 - Team T-Shirts & Gear (*to wear at events and performances*)
 - Competition Entry Fees
 - Team Warm-Ups
 - Team "Letter Jacket" (*to keep awards and medals throughout the season*)
 - Competition Costume (*includes shoes, may be multiple costumes depending on competitive season*)
 - Discounts offered to dancers enrolled in an additional class with us at Sweatshop

Potential/Likely Team Competitions & Performances for 2016-2017 Season:

- Monsters Of Hip Hop Convention (November)
 - Badger or Bucks Basketball Halftime Performance (TBD, Winter)
 - Badgerette State Championships (January 9)
 - WACPC All-Star State Competition (January 22)
 - Badgerette Jr. Spirit Invitational (March 3)
- ^^ This is a tentative list. A full calendar of events will be distributed at the first parent meeting.

SWEAT Competitive Hip Hop Crew Program - MADISON

PARTICIPANT INFORMATION SHEET

Return by: October 1, 2016

PLEASE TYPE OR PRINT NEATLY & CLEARLY

Participant's Name _____

Address _____ Zip Code _____

Home Phone _____ Cell Phone _____

Birthdate: _____ Email _____

Parent/Guardian _____

Current School: _____

Previous School(s): _____

Insurance Company _____

Insurance Policy # _____

Other Extra-Curricular Activities: _____

Prior Dance / Performance Experience: _____

PLEASE ATTACH:

- Paragraph (or more) Essay explaining why you would be a great member of our SWEAT Competitive Hip Hop Crew Program
- Signed teacher referral from your current school or a previous coach
- Zeroxed copy of your 3rd quarter report card

FOR USE BY COACH / TRYOUT PERSONNEL ONLY: Date Submitted: _____ Tryout # _____

Registration & Assumption of Risk / Release from Negligence Form

Sweatshop Movement

Dancer's Name: _____ Dancer's Birthdate: _____

Parent/Legal Guardian Name: _____

Address: _____
Street Address City State ZIP

P/G Phone: _____ Dancer Phone: _____

Email: _____

Class(es) you are signing up for: _____

Are you Registering for: Full Year (Fall & Spring) Fall Only Spring Only Summer

Preferred Payment Method: Cash Check Credit Card PayPal

Would you like to opt for a Payment Plan: Yes, Monthly Yes, Quarterly [Full Year Registration Only] Yes, Bi-Session No, I'll Pay in FULL

Would you like to apply to our Scholarship Program*? Yes, I qualify for Free Lunch Yes, I qualify for Reduced Lunch No
*(Application is required completed within first 3 weeks of class session)

Sweatshop Movement frequently has to send materials home with your dancer, for your attention.

What is the best way to reach you with materials or questions? Email Phone Either Other: _____

Sweatshop Movement has my permission to photograph or film my child during class or performance. Yes No

Sweatshop Movement has my permission to use photos and/or film of my child in promotional materials. Yes No

How did you discover Sweatshop Movement? _____

In exchange for permission for me and/or for my child to participate in Sweatshop Movement programs and classes, I hereby grant the following release from liability on my own behalf and on behalf of my child:

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified above, release, discharge and hold harmless Sweatshop Movement, its officers, directors, landlords and sponsors (hereafter the "Released Parties") from any and all liability for injury to my child's person, my person or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in Sweatshop Movement's program or classes.

In consideration of mine or my child's being allowed to participate in the activity, I hereby release and forever discharge Sweatshop Movement, their agents, and employees, and further covenant not to sue Sweatshop Movement, their officers, agents, and employees for any injury which I or my child may sustain as a result of my participation of the above activity, and which results from causes beyond the control, and without fault or negligence of Sweatshop Movement, their agents, and employees.

I acknowledge I hereby have been advised to consult, and have consulted, with my physician and/or with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that I and/or my child now have, previously have had and/or now may have that may affect my and/or my child's participation and ability to participate in and to endure the program and classes offered by Sweatshop Movement.

In the event that I and/or my child become ill or injured during or as a result of participation in Sweatshop Movement programs or classes, I hereby authorize the Released Parties to arrange for such emergency medical attention as they, in their sole judgment, may deem to be required to preserve my life and/or health and/or the life and/or health of my child, I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

The undersigned by signing this release hereby certifies that the undersigned has read and fully understands the conditions herein provided.

Parent/Legal Guardian's Signature: _____ Date: _____

Express Yourself! – Madison LLC

Liability Waiver and Acknowledgment of Risk:

Read and sign below:

I _____,

understand and agree to all information listed on this waiver. I understand that dance is a life threatening art form. I also understand that my voluntary participation in any dance class, fitness class, workshop, rehearsal or performance, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of Express Yourself! – Madison LLC classes, rehearsals, performances, workshops, or any other activity. I also exempt, release, and indemnify Express Yourself! – Madison LLC, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by Express Yourself! – Madison LLC. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold Express Yourself! – Madison LLC, its owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my physical limitations and agree not to exceed them. If I choose to drink intoxicating beverages, I agree that it is my choice, and I agree I am of legal drinking age, and will not hold Express Yourself! – Madison LLC liable for any behaviors or injuries resulting in my choice to partake in the drinking of alcohol.

I understand the cancellation policy as follows:

If a class is canceled due to: family death, sickness, or act of God, tuition or payment will not be refunded. The studio and its instructor(s) will do their best to offer a make-up opportunity should a cancellation occur. The make-up class day and time will be determined by the studio and its instructor(s), and may not be the same date and time as the regularly scheduled programming. Please see schedule for specific dates relevant to individual instructors who may have already "canceled" a class for the session due to prior engagements.

I understand the refund policy as follows:

No refunds will be given. This includes any refunds for participants who do not show for a class, for any reason. Refunds will not be given for a class cancellation if participant is unable to attend any make-up session(s). If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights.

I give permission to grant Express Yourself! –Madison LLC the rights to use photographs and or videos of myself and/or my child for publicity purposes. I have read, completely understood, and willingly agree to be bound by the above statement (please print your name, sign & date):

PRINTED: _____

SIGNED: _____

(If under 18, parent or legal guardian must sign)

DATED: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME & #: _____