

dublin **DANCE centre & GYMNASTICS**

2024-2025 ENSEMBLE, EXHIBITION, TAP A & YOUTH COMPANIES POLICY PACKET

Below are the expectations of a Dublin Dance Centre & Gymnastics student performing company member. Please keep a copy of these expectations for your reference. If you have any questions, contact the director of the company.

By initialing the lines superseding each policy below, I understand and agree to abide by the statements as written. I further understand the rules/requirements noted in the Placement Program Policy Packet are pertinent to placement level students and company members.

NOTE: EACH PERFORMANCE COMPANY HAS UNIQUE REQUIREMENTS FOR ENTRY. PLEASE REFER TO THE COMPANY ELIGIBILITY REQUIREMENTS SHEET.

ATTENDANCE POLICIES:

___ I will *maintain* 80% attendance (*75% summer and non-placement*) in technique classes pertaining to company eligibility. I will maintain 80% in my company class year round. Any missed technique classes pertaining to company eligibility resulting in less than the required attendance will be made-up and tracked with the make-up class worksheet. The worksheet will be presented to the “base” class teacher in order to receive proper credit for the class/es.

___ An attendance update will be communicated if I am at less than 80% in any of my placement classes or non-placement classes that make me eligible for the company I am enrolled in. If I am at risk in my technique classes, I am also at risk for losing eligibility in the company unless a make-up plan is established in my technique classes. We do ask that you manage and take responsibility for your make up records.

___ I understand any school related activity such as cheerleading, track, volleyball, etc. may NOT interfere with company class if it takes me below the 80% attendance mark. Any school related activity is permissible in placement classes required for one season (*6-8 weeks*) out of the year as long as comparable classes are being done in conjunction with the school activity season. I will talk to my teachers and director/s prior to making a seasonal commitment and will have a plan in place for comparable classes.

___ Any absence (outside of holidays) during the four weeks prior to all performances will be pre-approved by the company director/s. This includes Halloween, Nutcracker, Spring, & June Performances where applicable. Failure to attend these four weeks could result in loss of performance privileges.

___ I understand all company members are encouraged to perform at parades, school day-out and community events. If unable to participate in any event/s I will immediately inform my company director & explain the absence.

___ I understand the importance of the start time of rehearsal/class and will be properly prepared and in the studio on time. If early, I will begin limbering in the studio to prepare my body for the day. I understand this not only takes care of my body but shows my readiness out of respect for my teachers and choreographers as well.

___ Make-up classes are not available for company time. Company directors and choreographers reserve the right to set pieces using the company members who are present which may eliminate participation for those company members that are absent. Company members who have missed choreography are expected to learn missed material themselves by understudying or from another company member.

___ I understand absences are excused for DDC&G company rehearsals and performances for: college auditions, death in family, **documented** summer dance intensives and for ACT/SAT testing days. Students must alert their base teacher of the absence before the scheduled date. Any absences beyond these noted here would be addressed individually.

ILLNESS AND INJURY POLICIES:

___ I understand if I become ill or injured for an extended amount of time I will inform the company director/s immediately.

___ If an extended illness or injury takes me below the 80% attendance policy, I will present a doctor’s excuse/note to the company director/s and those classes will be made up when I am back in dancing/gymnastics condition.

___ If I have sustained an extended illness or injury that allows me to sit in class and watch then I will be present to do so. In order to receive credit for being there I may be asked to take class notes and turn them into the teacher/company director/s at the end of the class.

___ If I have sustained an extended illness or injury that allows me to do class on the floor, I will do so in order to keep my agility, strength and flexibility in order. However, when I start a class sitting, I will finish the class sitting. Due to safety reasons I will not be allowed to dance half way through the class as I have missed my proper warm-up period.

DEMEANOR/CONDUCT AND COMMUNICATION POLICIES:

___ I understand timeliness to all company related functions is a priority. If a “call” time or arrival time says 8:00 am, it means 8:00 am. Failure to be on time may result in a loss of performing privileges.

___ I understand being a company member is a privilege, and company members will demonstrate good demeanor both in and out of the classroom. The company member is considered to be a mentor to younger generations of dancers. I will set a good example at all times.

___ I understand if my conduct does not represent the company appropriately (for example, disrespect, bullying, etc.) I may lose performing privileges, and possibly be asked to withdraw from the company.

___ I understand all communication between company members and company directors will be through email and/or group text (*when applicable*). I should look for and respond to all company emails and/or group texts (*when applicable*) in a timely manner.

Applicable Companies (*circle all the companies you participate in below*):

ENSEMBLE CO. EXHIBITION CO: A OR B TAP CO. A YOUTH CO: A OR B OR C

Participants Measurements (*see below)

Ladies:

Bust _____ Waist _____ Hips _____ Girth _____

Gentlemen:

Girth _____ Waist _____ Hips _____ Inseam _____ Outseam _____

*If you are able to measure your student, please do so. Take and record your child’s true measurements - do not add for growth or ease. Bust is the measurement below the armpit, around the fullest part of the chest or bust. Waist is at the natural waist, at the most narrow point. Hips are the fullest part around the hips and rear. Girth is the measurement beginning at the top of the shoulder (near the neck), down the front through the crotch, up the back to where you started at the shoulder. If you are not comfortable with this, ask the office staff to assist you.

STUDENT:

PRINT Name: _____ Email Address: _____

Signature: _____ Date: _____

PARENT:

PRINT Name: _____ Email Address: _____

Signature: _____ Date: _____

Please initial, sign and return this form to the DDC&G Office

2024-2025 Travel Authorization

Student Name

Primary Phone Number

Parent Name

Home Address

Parent's Phone Number/s *(Please list all that apply and in order of most easily contacted)*

1. _____

2. _____

Contacts in case of an illness or emergency *(not listed above)*

Name | Relationship | Phone Number

1. _____

2. _____

Travel Authorization

I hereby give my consent for the above named student to travel to and from events scheduled by Dublin Dance Centre & Gymnastics. I understand that private transportation will be used. On occasion, vehicles will be driven by responsible adults (parents of dancers or studio staff members), and they will not be held responsible for any accident or injury that may occur.

Parent's Signature

Date

Please sign and return this form to the DDC&G Office

2024-2025 Emergency Medical Authorization

Please complete Part I OR Part II

Part I (To Grant Request)

In the event that reasonable attempts to contact me or the other parties listed herein have been unsuccessful, I hereby give my consent a) for the administration of any treatment deemed necessary by our preferred physician or dentist, or in the event that the designated preferred practitioner is not available, by another licensed physician or dentist, and b) for the transfer of the child to our preferred hospital or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained before surgery is performed.

Preferred Doctor

Phone Number

Preferred Dentist

Phone Number

Preferred Hospital

Please attach any facts concerning the student's medical history, including allergies, current medications, and any other impairment to which a physician should be alerted.

Parent Signature

Date

Part II (Refusal to grant consent to treatment)

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish Dublin Dance Centre & Gymnastics authorities to take no action or to do the following:

Parent Signature

Date

Insurance Verification/Waiver

Please complete Part I OR Part II

Part I – Verification

Insurance Company

Policy Number

I attest that a medical insurance policy is in place for my child, and that the above named insurance company will pay the medical or surgical expenses that result from any injury, major or minor, that the student may receive as a result of practicing or performing with the Dublin Dance Centre & Gymnastics. This insurance will also cover the student while traveling to performances or conventions away from the Dublin Dance Centre & Gymnastics facilities.

Since the student is covered by an insurance policy that will provide adequate financial coverage for any type of injury that may result, I the parent, or guardian agrees to release Dublin Dance Centre & Gymnastics from any obligations that pertain to financial responsibility in these matters.

Parent Signature

Date

Part II – Waiver

I hereby acknowledge that an accident insurance policy is not in force for the student. Since this student is not covered by an insurance policy that will provide adequate financial coverage for any type of injury, I the parent, or guardian agrees to release Dublin Dance Centre & Gymnastics from any obligations that pertain to financial responsibility in these matters.

Parent Signature

Date

Please sign and return this form to the DDC&G Office