



# Cavalry Dance Team









Affiliate of the Houston Dynamo



## Audition Packet 2019 - 2020

Sunday, April 28, 2019  
Bryan, TX

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-  Promote spirit and support for all Brazos Valley Cavalry events
  -  Perform pre-game and at halftime
  -  Perform at all Brazos Valley Cavalry home games (pre-game, half-time, and sideline routines)
  -  Opportunity to travel to post-season tournament
  -  Perform for campus events, local schools, charitable organizations, and other Cavalry/Bryan-College Station events
  -  Program focuses on dance technique and performance opportunities

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PRE-REGISTER ONLINE: <http://bit.ly/Cavalry-Dance>

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**AUDITION REQUIREMENTS, SCHEDULE OF EVENTS, REGISTRATION FORM, AND WAIVER ARE INCLUDED IN THIS PACKET. PLEASE READ OVER THIS PACKET THOROUGHLY BEFORE SUBMITTING REQUIRED PAPERWORK.**

QUESTIONS? PLEASE EMAIL [SAMANTHA@CLUTCHEG.COM](mailto:SAMANTHA@CLUTCHEG.COM)

@BVCavalryFC  
www.BVCavalryFC.com





# AUDITION INFORMATION

Applications are due in their entirety by Saturday, April 27, 2019. Applications should be **emailed** to [Samantha@clutcheq.com](mailto:Samantha@clutcheq.com).

We will be accepting applications on the day of auditions for an increased tryout fee. If you choose this option, please bring a **completed** paper copy of your application to check-in on the day of auditions.

There is **NO** tryout application fee required.

*Please Pre-Register for the try-out at: <http://bit.ly/Cavalry-Dance>*

Candidates must have no health issues that will hinder their ability to perform as a Cavalry Dance Team member, therefore, causing required activities to be considered unsafe to their health (include proof of recent physical that is within 1 year of tryout date with application).

Team members **must** maintain medical insurance as a member of the Cavalry Dance Team (submit copy of medical insurance card (BOTH SIDES) with application).

#### Audition Attire:

- **Top:** Dance crop top
- **Bottom:** Dance "hot"/spandex shorts
- **Shoes:** Bring jazz shoes AND/OR sneakers

#### Skills (not limited to the following):

- **Turns** – Pirouettes (Double/Triple), Fouettes in Second, Chaines, Piques
- **Leaps** – Grande Jete, Attitude (Calypso), Center (Leap in Second), Turning Center
- **Preferred, but not Mandatory** – Kip Ups, Head Springs, Aerials

Candidates that are included in the Final Round of auditions will take part in a "flash" choreography session. Dancers will be taught a short routine, given a few minutes to review, and perform the routine shortly thereafter for the judges.

Candidates selected as a member of the Cavalry Dance Team will commit to a 1 SEASON term. Members must be available to serve for the entire season (2019 Season). Veterans must audition each year.

Judges will base their decisions on dance skills while performing sideline, jazz, and hip hop routines, appearance, showmanship, memory, musicality, and overall impression. All judging decisions are final.



# SCHEDULE OF EVENTS

**Sunday, April 28th, 2019** **CLOSED TO THE PUBLIC!**

8:00	a.m.	Registration/Check-In (audition number must be worn during entire audition)
9:00	a.m.	Welcome/Introduction/Audition Information
9:15	a.m.	Stretch/Warm-Up/Across the Floor
10:00	a.m.	Learn Hip Hop Routine
11:00	a.m.	Learn Jazz Routine
12:00	p.m.	Lunch Break
1:00	p.m.	Review Hip Hop and Jazz Routines
2:00	p.m.	Q&A Session
2:30	p.m.	Auditions

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# AUDITION CHECKLIST

All of the items below must be submitted via email for your application to be considered complete.  
Double check your audition packet before submitting.

- Registration Form (Page 5)
  - (Online Registration) <http://bit.ly/Cavalry-Dance>
- Copy of Medical Insurance Card (BOTH Sides)
- Waiver and Medical Treatment Form (Page 7 & 8)

When all of the above items have been received and processed, you will receive a confirmation email sent to the email address listed on the Registration Form (page 5).

**[Emailed applications due by Saturday, April 27, 2019](#)**



# REGISTRATION FORM

Sunday, April 28, 2019

Name:

(First)

(Middle)

(Last)

Birth Date:

Age:

Phone Number:

Email Address:

High School/College Previously Attended:

### Sizing Information:

Fill in your sizing information below. Please note that you may or may not receive your requested sizes.

Height: \_\_\_\_\_ ft \_\_\_\_\_ in Weight: \_\_\_\_\_ lbs Sports Bra: \_\_\_\_\_ Tights (A-D): \_\_\_\_\_

Jazz Shoe: \_\_\_\_\_ Tennis Shoe: \_\_\_\_\_

Spandex Shorts: \_\_\_\_\_ Jazz Pants: \_\_\_\_\_ Sweatpants: \_\_\_\_\_

Track Suit Pants: \_\_\_\_\_ Track Suit Jacket: \_\_\_\_\_ T-Shirt: \_\_\_\_\_ Sweatshirt: \_\_\_\_\_

In submitting this application, I affirm that the information provided is true and accurate. I understand that the decisions of the Cavalry Dance Team audition judges and coaching staff are final and cannot be challenged. I, or anyone representing me, will not contact any Cavalry Dance Team member or any Clutch Entertainment Group representatives regarding audition results. Any questions shall be directed to the Dance Team Director at [Samantha@clutcheq.com](mailto:Samantha@clutcheq.com). Emails will be accepted from the APPLICANT ONLY.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PRE-REGISTER ONLINE: <http://bit.ly/Cavalry-Dance>



**ARE DUES REQUIRED? NO!!**

**WHAT TYPE OF DANCER ARE YOU LOOKING FOR?** We are looking for fit, talented, performers who are skilled in jazz, hip-hop, and pom. Although we perform multiple styles, dancers with specific training in one style are welcome and encouraged to audition.

**WHAT DOES IT TAKE TO MAKE THE CAVALRY DANCE**

<b>TEAM?</b> Proper Dance Technique & Skills	Showmanship & Projection	Versatile Dancer – All
Physical Fitness & Appearance	Personality & Enthusiasm	Styles Overall Impression

**WHAT DANCE SKILLS SHOULD I BE ABLE TO EXECUTE?** Dancers should be able to execute the following skills. These and other dance skills could be incorporated into the audition dances, but are not limited to the following.

Turns – Pirouettes (double/triple), Fouettes in second, Chaines, Piques      Tricks (Not mandatory) – Kip Ups, Head Springs, Aerials  
Leaps – Grande Jete, Attitude (Calypso), Center (leap in second), Turning Center

**HOW SHOULD I WEAR MY MAKE-UP AND HAIR?** Use makeup shades that complement your natural beauty, but at the same time accentuate your face from the field. Face and hair should be considered “game-day ready”.

**WHAT SHOULD I WEAR TO AUDITIONS?** You should wear a 2-piece dance attire of your choice. Top – crop top or athletic sports bra top; Bottom – dance “hot”/spandex shorts. Wear something that distinguishes you from other dancers! Jazz shoes and sneakers are required – please bring both to auditions.

**WHAT DO I NEED TO BRING TO AUDITIONS?** Bring makeup/hair products (for touch-ups throughout the day), warm-ups/cover ups, jazz shoes, sneakers, snacks, and water. Stay hydrated!

**CAN MY FAMILY WATCH AUDITIONS?** No. Cavalry Dance Team Auditions are closed to the public.

**IF I CANNOT ATTEND THE AUDITION, MAY I SUBMIT A VIDEO?** Video auditions will NOT be allowed. You must audition in person.

**MAY I SUBMIT MY PACKET ON THE DAY OF AUDITIONS?** Yes. However, the tryout fee will increase from \$10.00 to \$20.00.

**HOW MANY PEOPLE AUDITION?** The number of applicants will vary from year to year.

**WHAT ARE PRACTICES LIKE?** The Cavalry Dance Team practices up to 3 times per week (total 7 hours) the week before the season begins – extra practices will be scheduled as needed. Outside of practice, the team is required to take part in 2 fitness classes per week at a local fitness studio (membership paid for by CDT).

**DOES THE PROGRAM COMPETE AT NATIONALS?** No. As of right now, we are focused on game-day events, community appearances, and supporting the Brazos Valley Cavalry.

**DO I HAVE TO ATTEND AN CAVALRY DANCE TEAM PREP CLASS?** No. The Cavalry are not offering a prep class for the upcoming 2019 season.

**HOW MANY DANCERS MAKE THE TEAM?** We do not have a maximum number of dancers, which means we have the ability to increase/decrease the number of dancers based on the needs of the team.

**CAN I BELONG TO OTHER DANCE TEAMS AND/OR DANCE GROUPS?** Yes. However, Cavalry Dance Team performances, practices, and events must come before extracurricular activities associated with other dance groups. Missing a required CDT practice or function due to other dance group conflicts will result in an unexcused absence.

# CLUTCH ENTERTAINMENT GROUP

## CAVALRY DANCE TEAM TRYOUTS

### WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

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1. EXCULPATORY CLAUSE. In consideration for receiving permission for my participation in any and all activities of Cavalry Dance Team Tryouts (herein referred to as "camp"), which is sponsored by Clutch Entertainment Group, (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, Clutch Entertainment Group, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) 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 participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **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.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to physical and emotional injury and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me, my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless 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, my child, other participants, and third-persons as a result of my participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, 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.

4. BINDS HEIRS. 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.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, 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.

6. VOLUNTARY SIGNATURE. 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. I understand I can choose not to sign this document and free myself and my child 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/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.**

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Participant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_

**In case of emergency, contact \_\_\_\_\_  
at the following number \_\_\_\_\_**

**If the participant has medical insurance, please indicate:**

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Name of Primary Policy Holder:** \_\_\_\_\_

**Please list any special services you may require:** \_\_\_\_\_

\_\_\_\_\_