



## APPLICATION CHECKLIST

Please include this checklist with your application

1.  COMPLETED APPLICATION
2.  ACTIVITY RELEASE WAIVER
3.  \$25 APPLICATION FEE • Please make checks payable to "Paradosi Ballet"
4.  HEADSHOT PHOTOGRAPH • Please write your name on the back
5.  FULL BODY DANCE PHOTO • 1<sup>st</sup> Arabesque en pointe. Please wear tights and a leotard only; no skirts or costumes. Please write your name on the back
6.  PASTOR'S REFERENCE LETTER • This may be from your senior pastor, associate pastor, or youth pastor
7.  PERSONAL REFERENCE LETTER • This should come from a non-family member such as a teacher, your employer, etc
8.  AUDITION VIDEO • Please provide your audition video via an online link, on a flash drive, or DVD. Uploaded videos to websites such as YouTube or Vimeo are preferred. Please list any uploaded videos as "UNLISTED"

VIDEO LINK: \_\_\_\_\_

### APPLICATION DEADLINE

Completed Applications must be received by February 20, 2021

Paradosi Ballet will notify you by email regarding your acceptance to come for an in person audition in Tacoma, Washington. The audition will be held March 28 through March 30, 2021 and is by invitation only.

Please mail completed applications with your audition fee to:

Paradosi Ballet  
Application  
4020 S 56<sup>th</sup> Street, Suite 105  
Tacoma, WA 98409



## APPLICATION

Please fill out this application completely, legibly, and accurately. Please attach additional pages if necessary to complete each section.

### GENERAL INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Age you will be as of September 1 \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### FAITH

Home Church Name \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Number of Years Attended \_\_\_\_\_

Share your salvation testimony (Please include when you accepted Jesus Christ as your personal Lord and Savior and what God is currently doing in your life)

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Do you have any prior ministry experience? If yes, please explain

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## DANCE BACKGROUND

Please list all dance styles that you have trained in and how many years of training you have had in each discipline (i.e. ballet, modern, contemporary, jazz, hip hop, etc)

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Please list all dance schools attended

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How many years of ballet training have you had \_\_\_\_\_ Years on Pointe \_\_\_\_\_

Have you attended a Paradosi Summer Dance Intensive in the past?  Yes  No

Do you have any dance teaching experience?  Yes  No

If yes, what styles and ages have you taught?

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What are your goals as a dancer?

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Why are you interested in auditioning for Paradosi Ballet Company?

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## ADDITIONAL

Do you have any health issues that we should know about? If yes, please explain

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I understand that Paradosi Ballet is first and foremost a ministry and as such dancers are expected to maintain the highest standards of conduct at all times. If accepted to join Paradosi Ballet Company I will be willing to adhere to the guidelines and rules of the ministry.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

# ACTIVITY RELEASE FORM

You must agree to the following statements before participating in any Paradosi Ballet Company or Surrendered School of Dance Activity. One form per participant. Form must be completed by an adult participant (age 18 and older) or the parent or legal guardian of the participant if a minor.

I consent for myself and/or my child listed below to participate in any activities relating to taking any classes, performances, performance setup, performance take down, event, party, dance intensive, workshop, or any other activities that I participate in with Paradosi Ballet Company (Paradosi) and or Surrendered School of Dance (SSD).

In case of medical need or injury, I authorize Paradosi / SSD to arrange for medical or dental services for me and/or any of my children listed below. I agree that any such expense will be completely my obligation.

I, (PLEASE PRINT) \_\_\_\_\_, individually, or in my capacities as parent, or legal guardian waive, release, and indemnify Paradosi / SSD and all of its agents\*, directors, officers, employees and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity, that have arisen or may arise from any Paradosi / SSD activity, including my participation in any production, class, workshop, program setup, or program take down with Paradosi / SSD at any point now or in the future, and that involve any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification, and promise not to sue do not apply to claims of criminal conduct or gross negligence.

I understand that Paradosi / SSD may take photographs and or video of me and my family in the course of its activities, and I grant Paradosi / SSD permission to use such materials in a manner Paradosi / SSD deems appropriate.

This **Activity Release Form** is in effect for any activities including classes, workshops, performances, rehearsals, production setup, production take down, fundraiser, events, party, dance intensive, workshop, or activities that I, or any of my children, may participate in. This form is revocable, prospectively only, in writing signed by me that bears the date that the revocation is delivered to Paradosi / SSD.

I understand that there is an element of risk in this activity and agree to follow all instructions, rules, and regulations. I certify that I have and will maintain accident and medical insurance for any and all activities that I participate in with Paradosi / SSD.

_____	_____
Participants Printed Name (First and Last)	Printed First and Last Name of Parent, Legal Guardians, or Adult Participant (Ages 18 or older)
_____	_____
Signature of Parent, Legal Guardian, or Adult Participant	Date

**Personal Information: Will be kept confidential. Use the back of this form if necessary to complete the requested information**

Participants Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participants Phone Number: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

Relationship of Emergency Contact to Participant: \_\_\_\_\_

Primary Physicians Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Insured's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(As printed on Insurance Policy)

**REQUIRED:** Attach a photocopy of the insured's current medical insurance card.

Authorized Medications:
List any allergies that we should be made aware of (Food, Medications, or Other):
Describe any injuries sustained in the last year:
Describe any medical conditions that we should be made aware of:

\*Including, but not limited to, all representatives and locations used by Paradosi Ballet Company and SSD for rehearsals, performances, and outings.