



2016-2017 APPLICATION PACKET

GENERAL INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NUMBER: (_____) _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

SHIRT SIZE: _____

EMERGENCY INFORMATION:

EMERGENCY CONTACT: _____

EMERGENCY ADDRESS: _____

EMERGENCY CITY: _____ STATE: _____ ZIP CODE: _____

EMERGENCY CONTACT NUMBER: (_____) _____

DANCE EXPERIENCE:

PLEASE LIST ALL FORMS OF DANCE EXPERIENCE AND NUMBER OF YEARS OF EACH:



2016-2017 APPLICATION PACKET

OTHER EXPERIENCE:

PERFORMANCE EXPERIENCE (THEATRE, CHEER, MUSIC, ETC):

ARE YOU A MEMBER OF ANY OTHER MARCHING OR PERFORMING GROUPS? **Y / N**

PLEASE LIST: _____

ARE YOU A MEMBER OF ANY MARDI GRAS KREWES? **Y / N**

PLEASE LIST: _____

*A FINANCIAL COMMITMENT IS REQUIRED AS PART OF MEMBERSHIP. THIS INCLUDES MEMBERSHIP DUES AND INCIDENTAL EXPENSES WHICH ARE OUTLINED IN THE 'GUIDELINES AND EXPECTATIONS'. WILL YOU HAVE TROUBLE MEETING THIS FINANCIAL OBLIGATION? **Y / N**

MEDICAL INFORMATION:

ALLERGIES _____

PRIOR INJURIES _____

ASHTMA? **Y / N** IF YES, DO YOU USE AN INHALER? **Y / N**

PLEASE LIST ANY OTHER CONCERNS THAT MAY AFFECT YOUR ABILITY TO PRACTICE AND/OR PERFORM _____

PLEASE INITIAL EACH:

_____ I have read and signed the Confidentiality Agreement.

_____ I have read and signed the Waiver of Liability

_____ I have read and signed the Guidelines and Expectations.

HOW DID YOU HEAR ABOUT US? _____



2016-2017 APPLICATION PACKET

GUIDELINES, EXPECTATIONS, AND GENERAL INFORMATION

The Threauxbacks Dance Team proudly operates as an extension of Dauntless Athletic LLC, and will expect its members to represent both organizations professionally and to the best of his or her ability. These expectations are outlined in more detail below.

MEMBERSHIP EXPECTATIONS:

DANCE EXPERIENCE:

While dance experience is preferred, no formal training is necessary. However, athleticism, stamina and the ability to learn choreography quickly is vital.

HEALTH / FITNESS / APPEARANCE:

As this will be our inaugural year, this team will set the precedent for how TBDT will represent itself and its community. Members are expected to take pride in their overall health, fitness, and appearance both on and off the stage, and conduct themselves in a manner consistent with the TBDT mission. These expectations also apply to any social media presence you may have. Use of foul language or illegal substances shown in person or on social media sites will result in immediate dismissal from the team.

TIME COMMITMENT / EXPECTATIONS:

PRACTICE:

Practice will be held **every Tuesday evening at 6:30pm** with the exception of dates before holidays. The schedule is subject to change, and members must have the flexibility to adjust as needed. Additionally, practices may be added to the schedule to accommodate performances. A minimum of 75% attendance is required in order to perform. TBDT will make every effort to release practice and performance schedules well in advance.

PERFORMANCES AND EVENTS:

This season will be focused on TBDT establishing itself in its community and on social media. Initially, our main focus will be our weekly practices, appearances in community events, flash mob performances, and our spring benefit showcase. Mardi Gras and sporting event performances will be discussed at a later date.

Initial _____



2016-2017 APPLICATION PACKET

GUIDELINES, EXPECTATIONS, AND GENERAL INFORMATION CONT'D

COSTUMES:

Costumes will be finalized after the team has been established. **Costume materials must be purchased separately as they are not included in the monthly dues payment.**

DUES:

Monthly membership dues are \$45. This includes space rental, website maintenance, logo tank, and any marketing/PR materials used for the team.

OTHER GUIDELINES / EXPECTATIONS:

- Members must be 17 years of age or older.
- No member will be allowed to perform intoxicated or under the influence of any illegal narcotic. Use of illegal substances will result in immediate dismissal from the team.
- For liability reasons, there are no kids and/or pets allowed at practice unless accompanied by a non-member chaperone.
- Members are expected to attend at least **75%** of practices. Members who miss more than **25%** of practice prior to performance and/or parades will be removed from those events respectively.
- Members are expected to learn routines and adhere to the instruction of the Directors. The Directors have the ultimate discretion regarding choreography.

Initial _____



2016-2017 APPLICATION PACKET

CONFIDENTIALITY AGREEMENT

Throughout the performance year, members will be privy to confidential information shared within the organization. This information is disclosed on a need basis and will be used to promote the organization.

Examples of such information include, but are not limited to:

1. Choreography subject to applicable copyrights
2. Financial information of the organization
3. Reprimands
4. Agreements with third parties (prior to an official release)
5. Member contact information
6. Member medical information
7. Contact information of individuals involved in our Philanthropy
8. Any and all other pertinent and private information which is now or may become confidential.

CONFIDENTIALITY AGREEMENT

This agreement is entered into this _____ day of October, 2016 by and between Audition Participant/Prospective Performer with located at (Address) _____ (hereinafter "recipient") and Threauxbacks Dance Team, with offices at Covington, LA (hereinafter "Discloser")

WHEREAS Discloser possesses certain ideas and information relating to 2016-2017 Auditions and Performance Year that is confidential and proprietary to Discloser (hereinafter "Confidential Information"); and

WHEREAS the Recipient is willing to receive disclosure of the Confidential information pursuant to the terms of this Agreement for the purpose of Auditions and Membership with the Organization;

NOW THEREFORE, in consideration for the mutual undertakings of the disclosure and the recipient under this Agreement, the parties agree as follows;

1. Disclosure. Discloser agrees to disclose, and Receiver agrees to receive the Confidential Information.
2. Confidentiality

2.1 No Use. Recipient agrees not to use the Confidential Information in any way, or to manufacture or test any product embodying Confidential Information, except for the purpose set forth above.

2.2 No Disclosure. Recipient agrees to use its best efforts to prevent and protect the Confidential Information, or any part thereof, from disclosure to any person other than Recipient's employees having a need for disclosure in connection with Recipient's Authorized use of Confidential Information.

2.3 Protection of Secrecy. Recipient agrees to take all steps reasonably necessary to protect the secrecy of the Confidential Information, and to prevent the Confidential Information from falling into the public domain or into the possession of unauthorized persons.

3. Limits on Confidential Information. Confidential Information shall not be deemed proprietary and the Recipient shall have no obligation with respect to such information where the information:
 - a. Was known to Recipient prior to receiving any of the Confidential Information from Discloser;
 - b. Has become publicly known through no wrongful act of Recipient;
 - c. Was received by Recipient without breach of this Agreement; from a third party without restriction as to the use and disclosure of the information;
 - d. Was independently developed by recipient without use of Confidential Information; or
 - e. Was ordered to be publicly released by the requirement of a government agency
4. Ownership of Confidential Information. Recipient agrees that all Confidential Information shall remain the property of Discloser, and that Discloser may use such Confidential Information for any purpose without obligation to Recipient. Nothing contained herein shall be construed as granting or implying any transfer of rights to Recipient in the Confidential Information, or any patents or other intellectual property protecting or relating to the Confidential Information.
5. Term and Termination. The obligations of this Agreement shall be continuing until the Confidential information disclosed to Recipient is no longer confidential.
6. Survival of Rights and Obligations of this Agreement shall be binding upon, inure to the benefit of, and be enforceable by (a) Discloser, its successors, and assigns; and (b) Recipients, its successors and assigns.
7. IN WITNESS WHEREOF, the parties have executed this agreement effective as of the date first written above.

Initial _____



DISCLOSER (Threauxbacks Dance Team)

Signed: _____

Print Name: Alyse Renz

Title: Director

Date: _____

Signed: _____

Print Name: Ashley Reeves

Title: Director

Date: _____

RECIPIENT (Audition Participant/Prospective Performer)

Signed: _____

Print Name: _____

Title: Audition Participant/Prospective Performer

Date: _____



2016-2017 APPLICATION PACKET

WAIVER OF LIABILITY/MEDICAL/PUBLICITY RELEASE

AUDITION & PERFORMANCE YEAR WAIVER

I HEREBY WAIVE AND ABSOLVE THE THREUXBACKS DANCE TEAM and all subparts and members thereof any and all liability and responsibilities for injuries, sickness, accidents, and/or acts of God incurred during participation in auditions and, if selected for the team, during the performance year and any and all related activities now know to me as well as in the future that are associated with my membership in this organization.

PRINT: _____ **SIGN:** _____

RIGHTS TO DAMAGES & CLAIMS WAIVER

In consideration of my signed release allowing myself to participate in the Threuxbacks Dance Team, I, and in event of my death, my heirs, executor and administrator of my estate, intending to be legally bound, do hereby waive and release any and all rights and claims for damage which I may have or which may accrue to me against the Threuxbacks Dance Team, the organization's Directors or successors of the organization for any and all damages which may be sustained or suffered by me, my heirs or agents in connection with my participation in or associate with this organization which are the result of unintentional acts/acts of God/acts of my own fault. This includes travel to and from practice sites, carnival start and end points, or any and all other activities associated with membership in this organization. In the event of sickness/injury/accident, Threuxbacks Dance Team officials are to contact the Designated Emergency Contact.

PRINT: _____ **SIGN:** _____

PUBLICITY & MEDIA USE RELEASE

In addition, I hereby give my permission to the Threuxbacks Dance Team for myself to be photographed, videotaped, audiotaped, or otherwise recorded during a Threuxbacks Dance Team Activity. I further give permission to the Threuxbacks Dance Team to use said media as deemed appropriate for promotion and publicity surrounding Threuxbacks events and participation.

PRINT: _____ **SIGN:** _____

I have read and understand the waiver set forth above, and I attest that all information provided in this packet is complete and accurate to the best of my knowledge.

PRINT: _____ **SIGN:** _____

DATE: _____