

AUDITION REQUIREMENTS FOR DANCE

AUDITIONS WILL BE HELD WEDNESDAY, MARCH 1, 2017 AFTER SCHOOL FROM 4:00-5:30 PM. Students must be present for the entire time.

Note:

- Prior formal training is not necessary for audition.
- Applicants are requested to wear appropriate dance attire for the audition:
Boys – tights, jazz or sweat pants; t-shirt; socks; ballet shoes or jazz oxfords.
Girls – leotard; tights; socks or ballet slippers; hair in a bun if past the ears.

Audition Requirements:

1. Students must demonstrate the ability to follow movements at the barre and in center floor combinations in ballet, jazz and modern. Students are judged according to their musicality, artistic potential and their ability to adapt physically to standard dance requirements.
2. Applicants are required to perform a 1 minute solo in a dance style of their own choosing (Ballet, Pointe, Modern, Jazz, Tap, Ethnic).
3. In addition, the audition will include an interview with the student and an autobiography.

Autobiography:

The student must write up to a one-page autobiography that includes his/her thoughts on the following:

1. Previous experiences in the arts.
2. Specific dance training, including studio name, teacher's name, type of training and number of years in each dance form.
3. Impression of what PCA is all about.
4. Reasons for wanting to study in this program.

Please include the name of your school and the first and last names of your language arts and guidance counselor. When completed, the autobiography should be sent to the PCA Dance teacher, Nicole Hardenbergh, at Richland Northeast High School, 7500 Brookfield Rd., Columbia, SC 29223 and must be received before or at the audition.

Physical:

All students participating in the PCA Dance audition are required to have the attached Physical Permission Form completed by a qualified physician, as confirmation that the student is in good health and able to participate in dance. Documentation of this physical exam by a qualified physician must be presented before the audition.

**PARENTS' PERMISSION FOR
SON OR DAUGHTER TO PARTICPATE IN DANCE**

To: Principal or Superintendent:

As the parents or legal guardian of _____, I give my consent for his/her practice and performance in dance and the evaluation for that participation. I do not hold the school responsible in any way whatsoever. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

Signed _____ Date _____
(Father, Mother, or Legal Guardian)

PRE-PARTICIPATION EXAM: RECORD ABNORMALITIES ONLY

PHYSICAL	MUSCULOSKELETAL	VITAL SIGNS
APPEARANCE	C SPINE	HT
WT		
PUPILS	T SPINE	(SKINFOLD
mm		
EENT	LS SPINE	BP
LUNG	SHOULDER	
	ELBOW	PULSES
HEART	WRIST	HEART RATE
	HAND	DENTAL
ABDOMEN	HIP	VISION R20/
L/20		
GU	KNEE	CORRECTED
SKIN	ANKLE	R/20
L/20		
LYMPH NODES	FOOT	

NOTES:
CLEARED _____

NEEDS FURTHER EVALUATION _____ EVALUATION BY _____

REHAB BY _____

NOT CLEARED _____ REASON _____

NAME OF PHYSICIAN OR FACILITY _____
ADDRESS _____

SIGNATURE _____ **MD or DO** **DATE** _____