

The Kennedy Center  
Dance Theatre of Harlem Pre-Professional Residency  
**APPLICATION INFORMATION**

Ballet students (male and female, ages 8 - 18) are invited to apply and audition for participation in the seventeenth season of the Kennedy Center's Dance Theatre of Harlem Pre-Professional Residency program. The purpose of this program is to provide long-term supplemental ballet training to a diverse body of students who demonstrate an affinity for dance. Students who audition and are selected to participate are trained by instructors from the acclaimed Dance Theatre of Harlem in a series of classes that use principles of classical ballet as practiced by DTH. Classes will meet most Saturdays (October 17, 2009–March 20, 2010), and will take place at the Kennedy Center (2700 F Street, NW) or the Duke Ellington School of the Arts (3500 R Street, NW).

**TO PARTICIPATE:**

**1. Please submit your application by 6:30 PM on Monday, September 14, 2009.**

To participate in the audition, students *must* complete and submit the attached **APPLICATION** and **STUDENT WAIVER** forms. Please ensure that you have completed the application in its entirety before submitting it to us. **Medical information and a parent/guardian signature are required.** Students will not be allowed to participate in the audition if this information is incomplete. *All application materials sent via U.S. mail must be postmarked by Friday, September 11, 2009.*

In order to become eligible for the audition, all application materials must be **received** by **6:30 PM on Monday, September 14, 2009.** Unless postmarked by Friday, September 11, 2009, application materials received after this deadline will **not** be processed. If you submit your application via fax, we ask that you *please retain a copy of your fax receipt* until you receive a Confirmation Notice of receipt from the Community Partnerships staff. Confirmation Notices for all valid applications will be **sent via email and U.S. mail** on Monday, September 21, 2009 to confirm that your student's application has been received and inform your student of his or her specific audition time. If you do not receive a Confirmation Notice on or before **Wednesday, September 23, 2009**, please call (202) 416-8825 or (202) 416-8839.

**2. Attend the Audition on Saturday, September 26, 2009.**

**Auditions will be held at The Duke Ellington School of the Arts on Saturday, September 26, 2009 from 8:00 AM to 5:00 PM.** All potential students must audition in order to be considered for participation in the program. As outlined below, each student will audition by group at the level that is appropriate for his or her training.

<b><u>Level:</u></b>	<b><u>*Minimum* Level Guidelines:</u></b>	<b><u>Ages:</u></b>
Level I	1 year of ballet training	8 - 12 years
Level II	3 years of ballet training	9 - 15 years
Level III	2 years of training on pointe (ladies); 2 years of training (men)	11 - 18 years
Level IV	2 years of training on pointe (ladies); 2 years of training (men)	11 - 18 years

The Confirmation Notice that you will receive will provide you with information regarding your student's *specific audition time*. If necessary, callbacks will be held immediately following the final audition in that level. Please adjust your schedule to be available for the entirety of the audition.

Principal dancers and teachers from Dance Theatre of Harlem will conduct a class-styled audition to evaluate each student's ability and potential. Auditionees will be notified by mail concerning selection results. Selected students will be assigned to a specific class level, which will meet at a regularly scheduled time on Saturdays.

### 3. Commit to Program Requirements.

All students and parents/guardians are required to abide by all program guidelines. Each parent/guardian must sign a program authorization form and provide The Kennedy Center with information regarding their child's current medical information. Additionally, each parent/guardian is expected to attend a **mandatory** informational meeting at the Kennedy Center on **Saturday, October 10, 2009**.

**Class Dates and Times:** Classes will meet most Saturdays at The Kennedy Center or the Duke Ellington School of the Arts. Below please find the tentative 2009-2010 Residency program schedule. Please note that these dates are subject to change. Specific class locations and times will be provided at the Parent/Guardian meeting on October 10, 2009. Residency students must arrive properly dressed and on time for class. All students are permitted up to five (5) absences. Please note that two (2) instances of tardiness or improper dress will be considered as (1) absence.

<b>Tentative Class Dates</b>	
October 17	January 16
October 24	January 23
October 31	January 30
November 7	February 6
November 14	February 13
November 21	February 20
December 5	February 27
December 12	March 6
December 19	March 13
*January 9	**March 20

\*Every student **must** plan to attend class for a **mid-year evaluation** on January 9, 2010. Please note that while this evaluation is by no means a process intended for arbitrarily eliminating students from the program, DTH does reserve the right to release students who have not demonstrated adequate progress from the program at this time.

\*\*Please also note that a Culminating Event dress rehearsal, followed by a Performance will be held on March 20.

**Program Costs:** There is no fee for the audition. The total cost for participation in the program is **\$125**, which will be collected in two installments of \$65 (due by the first class date, October 17) and \$60 (due by the first class of the second half of the season, January 16, provided that the student has continued past the evaluation session held on January 9, 2010).

**Culminating Events:** Students who meet all program requirements will participate in a Culminating Event Performance on **Saturday, March 20, 2010**.

**To Submit your Application:** Please retain the first two pages of this document for your records. Then, review, complete, sign, and return the attached **APPLICATION** and **STUDENT WAIVER** forms to The Community Partnerships staff via **fax at: (202) 416-8802** or via U.S. Mail at:

Attn: DTH Residency Program  
The Kennedy Center  
Education Department  
PO Box 101510  
Arlington, VA 22210

**Questions?** Please contact Jeanette McCune, Assistant Director, Teacher and School Programs (at 202.416-8825 or [jsmccune@kennedy-center.org](mailto:jsmccune@kennedy-center.org)) or Liz Magovern, Program Assistant, Community Partnerships (at 202.416-8839 or [esmagovern@kennedy-center.org](mailto:esmagovern@kennedy-center.org)).

The Kennedy Center  
Dance Theatre of Harlem Pre-Professional Residency  
**APPLICATION FORM**  
**2009-2010**

**Contact Information:** Student Name \_\_\_\_\_  
*First Last*

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Height \_\_\_\_' \_\_\_\_" Weight \_\_\_\_ lbs.  
*MM DD YYYY Feet Inches Pounds*

Parent/Guardian Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
*First Last*

Address \_\_\_\_\_  
*Street City State Zip Code*

County \_\_\_\_\_ E-Mail \_\_\_\_\_  
*To reach Parent/Guardian*

**Ballet Training/Experience:** Current Dance School \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Current Instructor(s) \_\_\_\_\_ Previous Dance School(s) \_\_\_\_\_  
*if applicable*

Ballet Training \_\_\_\_ Current # Classes \_\_\_\_ Pointe Training \_\_\_\_ Current # Classes \_\_\_\_  
*years per week years, if applicable per week*

Have you studied any other forms of dance? \_\_\_\_\_  
*please describe, if applicable*

**Academic Information:** Academic School \_\_\_\_\_

Address \_\_\_\_\_ GPA \_\_\_\_\_  
*Street City State Zip Code*

**Previous DTH Experience:** Previous Participation in DTH Residency Program \_\_\_\_\_

How did you find out about the DTH Residency Program? \_\_\_\_\_

Parents, please **initial** beside the below items to indicate your understanding and agreement to the following terms.

\_\_\_\_\_ I understand that each student **must** participate in the **audition** on **Saturday, September 26, 2009**. I have reserved the full time period of this date (8 AM – 5 PM) and will ensure that my child is available to audition at his or her designated audition time (to be determined upon receipt and processing of this application).

\_\_\_\_\_ I understand that a parent/guardian representative must attend an **informational meeting** on **Saturday, October 10, 2009**, if my child is selected for participation in the 2009-2010 season of the Residency program.

\_\_\_\_\_ I understand that each student is expected to arrive **on time** and **properly dressed** for class. I have reviewed the tentative class schedule and I have confirmed that my child will **not** acquire more than five (5) absences.

\_\_\_\_\_ I understand that the total **fee** for participation in the program is \$125, to be paid in two installments: **\$65 by October 17, 2009**, and **\$60 by January 16, 2010**, provided that my child proceeds into the second half of the program year. I understand that these installments must be paid in form of check or money order made payable to **The Kennedy Center**.

The Kennedy Center  
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**STUDENT WAIVER FORM**  
**2009-2010**

**General Information:** Student Name \_\_\_\_\_  
First Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Address \_\_\_\_\_  
MM DD YYYY Street City State Zip Code

Mother/Guardian Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
First Last Evening Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Father/Guardian Name \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
First Last Evening Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Medical Information:** must be *entirely* complete for eligibility to participate in the audition and program.

Health Plan/Insurance Company \_\_\_\_\_ ID # \_\_\_\_\_

Pertinent Medical Information \_\_\_\_\_  
allergies, medications, etc.

**Emergency Contacts:** a minimum of two contacts, listed according to priority, is required.

1. \_\_\_\_\_, \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_ - \_\_\_\_ or (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Contact Name Relationship to Student Daytime Phone Evening Phone

2. \_\_\_\_\_, \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_ - \_\_\_\_ or (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Contact Name Relationship to Student Daytime Phone Evening Phone

3. \_\_\_\_\_, \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_ - \_\_\_\_ or (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Contact Name Relationship to Student Daytime Phone Evening Phone

I/We, the undersigned, parent(s) and/or guardian(s) of the above-named student (the Child), hereby consent to the participation of the Child, as a volunteer, in the Kennedy Center's Dance Theatre of Harlem Pre-Professional Residency (the "Event") sponsored by the John F. Kennedy Center for the Performing Arts (the "Presenter").

I/We hereby irrevocably consent to and authorize the use and reproduction by the Presenter of any and all photographs, recordings, videotapes, and/or other reproductions or likenesses of the Child's person or characteristics ("reproductions") which have been secured by or for the Presenter, for any purpose whatsoever, without compensation to the Child. All reproductions shall constitute the property of the Presenter, solely and completely. Further, I/we assign and release all rights to said reproductions and authorize the Presenter, or others authorized by it, to exhibit, broadcast, and/or distribute or otherwise further reproduce said reproductions in whole or in part over or in any medium whatsoever, including, without implied limitation, newsletters, radio, newspapers, closed circuit television, film, cable, and television, with or without compensation, in perpetuity. I/We also release, discharge, and agree to hold harmless the producers or any persons, or entities acting under their permission or authority, from any liability arising from the use of said reproductions.

I/We acknowledge and agree that I/we will be responsible for transporting the Child to and from all Event sites to participate in the Event. I/We further discharge and release the Kennedy Center and its trustees, officers, and employees from any and all liability for injury, loss, damage, obligation, expense, or penalty sustained by the Child arising out of or in connection with the Child's participation in the Event.

In the event that any serious injury shall occur involving the Child, I wish for the Kennedy Center supervisory personnel to take appropriate steps to immediately notify the emergency contact specified above, but if all emergency contacts are inaccessible for any reason, I authorize whatever medical attention is deemed appropriate for the child.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian