2025-26 HIS Dance Ensemble Requirements
Apprentice 1 & Apprentice 2

Ensemble Policies at a Glance:

Rehearsal	AP Ensemble begins in January. Saturday morning Conditioning/Ballet Class is required prior to all Saturday rehearsals. January 10, 17, 24, 31 Class + Rehearsals 9:00 am-12:15 pm February 7, 14, 21 Class + Rehearsals 9:00 am-3:00 pm February 28 Class + Rehearsal 9:00 am-5:00 pm March 2-7 Tech & Performance Week
Rehearsal Absences	Excessive tardiness or absences may result in limited performance opportunities or dismissal from the group. Directors will watch dancers during and outside of rehearsal to make the safest/best decision for the dancer and cast.
Class Attendance	Missed classes must be made up (at or one level below dancer's current placement level) Excessive class absences will result in dismissal from the ensemble.
Male Dancers	Families of male students will be charged the Ensemble fee. Summer classes will be free of charge for all Graded Technique male dancers registered for the following year of Ensemble.
Tech Week Rehearsals	Required except with a doctor's note. Failure to attend will result in immediate dismissal.

Apprentice Ensemble Important Dates:

- August 4-8 Intensive: 9:00 AM - 12:30 PM
- August 8 - Parent Meeting: 11:30 prior to Summer Intensive Showing at 12:30
- August 12 - Open House / Dance-a-thon 4:30-7:30
- September 29 - Non-refundable $200 fee and Commitment Form due
- January 10- Required AP Parent meeting to answer any questions 12:15
- January 10, 17, 24, 31 - Required Conditioning/ Ballet Technique 9:00-11:00, Devotions 11:00-11:15, & Apprentice Rehearsal 11:15-12:15
- February (7, 14, 21)- Required Conditioning/ Ballet Technique Class 9:00-11:00, Devotions 11:00-11:15, Full cast rehearsal 11:15-3:00 pm
- February 28 - (Full Day Rehearsal) - Required Conditioning/ Ballet Technique Class 9:00-11:00, Devotions 11:00-11:15, full day rehearsal 11:15-5:00 pm
- March 6: Closed Dress Rehearsal at DCAW, 4:15-8:45 PM (Sponsor/Community Night for special guests)
- March 2-6: Performance Week Class / Rehearsal Schedule (See below)
- March 7: Performances at 1:00 PM & 4:30 PM (See Call Times below)

Ensemble Rehearsals end after the March Performance. (Showcase rehearsals begin the Saturday following the Ensemble performance in the same rehearsal time slot.)

Apprentice Ensemble Fees (Not Covered by Scholarships):

- $200 non-refundable fee by September 30, $250 after October 1
    - Fee includes an Ensemble T-shirt and Performance Recording Link

*Accounts must be up-to-date to participate in performances

Ways to Reduce Fees (Corporate Advertising & Underwriting- *for every new or increased ad)*

- $25 off for every $250 Releve Sponsor
- $50 off for every $500 Plie Sponsor
- $100 off for every $1000 Grand Plie Sponsor
- $250 off for every $2500 Raise the Barre Sponsor
- $500 off for every $5000+ Ballet Presenting Sponsor

Summer Requirements for Apprentice Ensemble members:

- AP 1 – Attend HIS Summer Session - One week minimum.
    - Two weeks and HIS Half Day Intensive August 4-8 highly encouraged
- AP 2 - Attend HIS Summer Session - Two weeks required
    - August Half Day Intensive August 4-8 highly encouraged
- Open House / Dance-A-Thon Tuesday, August 12 4:30-7:30
    - Volunteers/Donations requested for food, drink, prizes.

Ensemble Participation Requirements:

- Attend all weekly classes, rehearsals, and performances
    - Absences must be approved by Artistic Directors at least 2 weeks in advance
- **February:** No Saturday absences allowed without a doctor's note
- Any absences during **performance week (March 2-7)** will result in automatic dismissal from the performance
- *Excessive tardiness or absences may lead to limited performance opportunities or dismissal from the group. The directors will monitor dancers both during and outside of rehearsals to ensure the best and safest decisions are made for each dancer.*

Dress Code:

- Warm-ups allowed before rehearsals and during breaks; must be removed when dancing.
- **Saturday Ballet Attire:** HIS ¾ sleeve black leotard, black skirt, tights under leotard and inside shoes.

Class and Rehearsal Requirements:

- Saturday 9:00 - 11:00 Conditioning / Ballet Class / Devotions
- Minimum (1) additional HIS Ballet Technique Class (2) highly recommended for AP2
- AP Modern (Optional)
- Mandatory Saturday Ensemble Rehearsals 11:15-12:15 in January
- Additional Rehearsals:

- February (7, 14, 21)- Required Conditioning / Ballet Technique Class 9:00-11:00, Devotions 11:00-11:15, Full cast rehearsal 11:15-3:00 pm
- February 28 - (Full Day Rehearsal) - Required Conditioning/ Ballet Technique Class 9:00-11:00, Devotions 11:00-11:15, full day rehearsal 11:15-5:00 pm

Performance Week Tech Rehearsal Requirements:

- Monday, March 2 – Recommended attendance of scheduled AP technique classes at HIS Dance Academy
- Tuesday, March 3 – Rehearsal at HIS Dance Academy 4:00-9:00 pm
- Wednesday, March 4 - Tech Rehearsal DCAW 4:15-8:45 pm (partial costume)
- Thursday, March 5 - Tech Rehearsal DCAW 4:15-8:45 pm (full costume/hair)
- Friday, March 6 - Closed Dress Rehearsal DCAW 4:15-8:45 pm (full costume/hair/makeup)

Performance Schedule:

- Friday, March 6: Closed Dress Rehearsal DCAW 4:15-8:45 pm. Call Time 4:15
- Saturday, March 7: 1:00 & 4:30 pm Performances. Call Time 10:30

Performance Attire (Provided by Dancer):

- Costume-specific undergarments, tights, and shoes will be announced as needed.
- Females: Nude / skin-toned leotard required
- Males: proper undergarments and socks based on costume.
- Make-up: foundation, blush, mascara, bright lipstick, eyeliner, eye shadows (more specific requirements may be given per character)

Code of Conduct

The purpose of HIS Ensemble is to glorify the Lord Jesus Christ through dance. Our ministry expects each dancer to commit to certain standards regarding attitude, moral conduct, and commitment. We expect each dancer to consider all lifestyle choices within his/her role as a Christian and with respect to how individual actions can influence believers and non-believers. The standards set forth in this Code of Conduct will help ensure the unity, professionalism, and overall quality of the HIS Ensemble.

· Dancer commits to having FUN and joyfully celebrating the love of Christ as we dance together!

· Dancer commits to strengthen, edify, and encourage their fellow dancers and staff and refrain from unwholesome talk. (Ephesians 4:29)

· Dancer will strive to demonstrate the fruit of the Spirit – love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control. (Galatians 5:22-23)

· Dancer will seek to live a life of moral and physical purity in accordance with Biblical truth; refrain from sexual immorality, using substances illicitly and self-destructive behaviors. (1 Corinthians 6:18-20)

· Dancer commits to engage in community and refrain from screen/internet/technology use for any purpose other than contacting parents while at the studio. Phones and other electronic devices are to remain at home or in the dancer's bag. (1 Thessalonians 5:11)

HIS Statement of Faith

- The Bible is God's perfect handbook for our lives.
- True knowledge of God begins when we establish a relationship with Jesus.
- God's work on earth and in our lives is through His Holy Spirit.
- We cannot earn our way to God short of His gift of grace.
- To grow in our relationship with God, we must have faith in Him.
- God wants to hear from us! So, talk to Him daily in prayer.
- LOVE and SERVE people just as Jesus did and BE ready – Jesus is coming again!

Parent Volunteer Requirements:

- Each family is required to provide 8 hours of volunteer work pre performance.
- Families who have not fulfilled the designated volunteer requirement will be charged $200 the week after the performance. It will be the families responsibility to sign in with the number of hours worked with the link provided.
- A Sign-up genius link will be sent out after the August 8 Parent Meeting - 11:30 pm
- Volunteer hours may include general studio needs if families are unable to find an Ensemble job that works for them.

Dancer Name (Print Neatly): _____

Parent Volunteer Sign up:

Please fill out the below questionnaire and return with the signed Ensemble Agreement.

Committee Coordinator Positions:

- ☐ Volunteer Coordinator
- ☐ Basic Make-up & Hair Coordinator
- ☐ Communications Coordinator
- ☐ Outreach Coordinator
- ☐ Meal Coordinator
- ☐ Marley Floor Manager

Pre-performance Opportunities

- ☐ Hand Sewer
- ☐ Machine Sewing (Crafting)
- ☐ Machine Sewing (Clothing)
- ☐ Serger
- ☐ Pattern Cutting
- ☐ Painting
- ☐ Glue/Hot Glue
- ☐ Wood Cutting
- ☐ Set/Prop
- ☐ Build Props
- ☐ Paint Props

Marketing

- ☐ Coordinate Advertisers/Sponsor
- ☐ Press Release Writer
- ☐ Coordinate Distribution of Marketing Materials

Fundraising

- ☐ Community Connect
- ☐ Dance-A-Thon Help August 13)
- ☐ Recruiting New Sponsors
- ☐ Other

Performance Week Opportunities:

- ☐ Backstage (Check-in/Security, Dancer Chaperones, 'Room Mom', Medical help, etc.)
- ☐ Make-up
- ☐ Quick Change Assistants
- ☐ Stage Crew
- ☐ Set-up / Tear-down/Clean up
- ☐ Photographer
- ☐ Marley Floor and Props Transportation from HIS to DCAW

Interests/Skills please check all that apply, for each parent volunteer

Carpentry/ Woodworking		Photography	
Plumbing		Videography	
Electrical		Sewing construction	
General handyman work		Hand sewing	
Painting		Crafting- glue gun is your friend	
Public Speaking		Devotions	
Photo Editing		Beading	
Create Powerpoint		Prayer Partner	
Computer Maintenance Software Assistance		Flower arranging	
Writing		Cooking	
Editing		Singing	
Advertising/ Sponsorships		Play Instrument _____	
Grant Writing		Enjoys organizing spaces	

Ensemble Commitment Agreement

As a member of HIS Dance Ensemble, I agree to honor the rules and regulations that are set forth in the Code of Conduct. I understand and agree to the HIS Dance Ensemble Requirements. I understand that this is a promise I am making with myself, my fellow dancers, and with God. I also understand that if I do not meet the agreements listed above that the consequence may be limited performance opportunities or dismissal from the Ensemble.

I understand that the applicable Ensemble Fee covers Ensemble Class and related rehearsals only. No additional technique or recreational classes are included with this fee. Fee will be charged to account when student registers for Ensemble class online www.hisdance.org

We agree to volunteer or have our account charged $200. **Initial** _____

Parent Signature: _____Date: _____

Parent Email: _____

Student Signature: _____Date: _____

T-SHIRT SIZE _____

AP ENSEMBLE TECHNOLOGY AGREEMENT

I, _____(Parent/ Guardian) of _____ (Student's Name),

By signing below, I agree that my student will refrain from the use of technology during all AP Ensemble rehearsals during the 2026-2027 school year.

Thank you for your assistance with keeping our dancers focused and keeping their safety as a priority.

_____(Parent Signature) _____ (Date)

_____ (Student Signature) _____ (Date)

Physical Therapy/ Medical Treatment Consent Forms

Here at HIS Dance Academy, we prioritize our dancers' well being as a whole. We are excited to be able to provide the following services to educate and treat our dancers as needed:

- Biweekly physical therapy with Athletico PT (located at HIS Dance)
- Backstage medical staff during performance week provided by Lindsey Lupo.

In order for your child to be treated at any time in the year, the following forms must be signed.

Lindsey Lupo, NP: Informed Consent to Naturopathic Treatment

Please read disclosure below fully before signing consent

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic Doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Your Naturopathic Doctor will take a thorough case history, perform a complaint-oriented physical examination, and review recent blood work and medical tests.

It is very important that you inform your Naturopathic Doctor of any condition or disease that you currently have and if you are on any medication or over the counter drugs.

There is some slight health risk associated with treatment by naturopathic medicine. These include but are not limited to: aggravation of pre-existing symptoms, allergic reactions to supplements or herbs.

I understand that a record will be kept of health services provided to me. This record will be kept confidential and will not be released to others unless expressly directed to do so by myself or law requires it. I understand that I may look at my medical records at any time and can request a copy of it by paying the appropriate fee.

I understand that the results are not guaranteed. I do not expect the Naturopathic Doctor to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above.

I intend this consent form to cover the entire course of treatment. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Disclaimer: The Naturopath is not a medical doctor, so please see your doctor or pharmacist for information on current medicines or dosages. As a Naturopath that specializes in homeopathy it is given for the use of returning the body back to homeostasis, not cure. Homeopathic medicine does not treat disease.

Homeopathic medicine shows the body a mirror of what is happening (prolonged stress) that is setting up the body to be susceptible to illness. It is the body's own reaction to this mirror, a dissolution of the state of stress, that initiates the innate self-healing capacities of the body itself.

Homeopathic medicine does not treat any illness, bacteria, virus, or parasite. Homeopathic medicine only regulates the susceptibility of the body to various stressors and is a signal to the mitochondria of the current state of prolonged stress.

I have read the above disclosures fully. I understand and agree to these terms before giving my consent to receive Naturopathic Care from Lindsey Lupo ND.

Date _____

_____

Patient Name (Please print)

_____

Patient/Guardian Signature

_____

Guardian Name (Please print)

Lindsey Lupo, ND
Lupo.Lindsey.ND@gmail.com