



2024 – 2025
Samford University
Marching Bulldogs

Dance Team Audition Packet

Thank you for your interest in the Samford University Athletic Band Program! We are very excited you are choosing to audition with us for the 2024/2025 Samford University Dance Team. If you have any questions regarding your auditions or the program, please do not hesitate to reach out to Coach Valerie Powell (vpowell1@samford.edu). We have a great staff, and we look forward to meeting you.

Have a great audition!

Sincerely,

Mr. Justin White
Interim Director of Athletic Bands
Samford University
Pwhite4@samford.edu

MISSION STATEMENT

The Samford University Marching Band supports university athletic teams, provides entertainment for our Bulldog fans, and builds positive community relations for the Athletics Department and the University Band Program. The Marching Band also seeks to improve student's musical skills, to provide performance opportunities, and to enhance the overall quality of time spent in the university environment for its members, and to develop leadership skills to transfer into their academic and professional lives.

2024-2025

University Marching Band Staff

Mr. Justin White, Interim Director of Athletic Bands
Dr. Grant Dalton, Associate Director of Athletic Bands
Valerie Powell, Samford University Dance Coach
Halee Hudson, Samford Majorette Coach

AUDITIONS FOR SUDT 2024-2025

The Samford University Dance Team performs at all home football games, several men's and women's home basketball games, and various other events throughout the year to serve our student body and the surrounding community.

WHAT: Auditions for the 2024-25 Samford Dance Team

WHEN: April 12th & 13th, 2023

*Please contact Coach Valerie Powell (vpowell1@samford.edu) for additional questions

WHERE: **On Campus**

Pete Hanna Center (Samford University)
Birmingham, AL

DETAILS: \$40 registration fee (non-refundable)

**Please note that housing is not provided. In the event you need a hotel we suggest:

Drury Inn

160 State Farm Pkwy
Birmingham, AL 35209
(205) 940-9500

Holiday Inn Express & Suites

320 Commons Drive
Birmingham, AL
35209
(205) 848-7911

Courtyard by Marriott

500 Shades Creek Pkwy
Homewood, AL
35209
(205) 879-0400

PROPOSED SCHEDULE OF EVENTS:

MARCH 29 (Friday)	
12AM (Midnight)	Registration packets due (Late packets will not be accepted) *Please e-mail packets to: Valerie Powell - vpowell1@samford.edu

APRIL 12 (Friday)		
8:00am - 12:00pm	Interviews	* Specific times will be assigned per registration Dress: Professional Interview Attire
12:00pm	Check-In	
12:15pm	Warmup and Introductions	
12:30pm	Auditions Begin	(Fight song, sidelines, fitness, technique)
6:00pm - 6:45pm	Session 1	(Learn Pom)
7:00pm - 7:45pm	Session 2	(Learn Hip-Hop)
8:00pm - 9:30pm	Open gym	

APRIL 13 (Saturday)		
8:00am - 12:00pm	Interviews	* Specific times will be assigned per registration Dress: Professional Interview Attire
12:30pm - 1:30pm	Open gym	(Warm-up and practice) * Family and friends welcome to attend but must vacate once auditions begin again.
1:30pm - 5:00pm	Auditions	(Pom, Hip-hop)
TEAM ANNOUNCED		
*Timing of announcement may be adjusted based on the number of dancers auditioning.		

WHAT TO WEAR:

Day 1: Each dancer should wear a solid black sports bra and solid black Nike Pro 3" inseam shorts (Nike brand-not required) or a black non-pleated tennis skirt. For learning sessions on Day 1, each dancer should wear black sports bra and full-length black leggings. Hair should be in a slicked back low ponytail with full stage/performance makeup. Hair should be sprayed with no wispies!

Day 2:

Dancers should wear a solid black sports bra and solid black Nike Pro 3" inseam shorts (Nike brand-not required) or a black non-pleated tennis skirt. Dancers will be allowed to put on navy or black, plain

sweatpants for the hip-hop audition only. Hair should be all the way down and curled with full stage/performance makeup. Hair should be sprayed so that it is not in your face while you are dancing.

DANCE/SKILL REQUIREMENTS:

- Fight song (video provided)
- 1 sideline dance (video provided)
- Fitness routine (video provided)
- Audition dances (learned at auditions)
- Technical Skills:
 - Splits (left and right)
 - Triple pirouette (left and right)
 - A la seconde turns (2-8cts on one side of your choice)
 - Grande Jetés (Left, right, center)
 - Calypso (left and right)
 - Turning Disk
 - Leg hold turn (one side of your choice)
 - Headspring
 - Aerial
 - Additional skill of your choice. Examples: kip up, aerial, turn/jump sequence, etc.

OTHER REQUIREMENTS:

- All incoming freshmen must prove acceptance and enrollment to Samford University.
- All returning Samford students must have and maintain a 3.00 overall cumulative GPA.

REQUIRED COMMITMENTS AND DATES:

Dancers must be able to attend all of band camp, all rehearsals, all designated games, and other related activities during the 2024-2025 year.

- Band Camp: TBD (This is typically two weeks prior to 1st day of class)
- Photoshoot: TBD

FREQUENTLY ASKED QUESTIONS:

Q: ARE THERE ANY HEIGHT & WEIGHT REQUIREMENTS?

A: We DO NOT have specific height and weight requirements. Personal health and fitness are an important aspect of the program. You should look well-proportioned in dancewear/costumes including our two-piece uniforms.

Q: CAN HIGH SCHOOL SENIORS AUDITION?

A: Yes, if you are accepted to Samford University

Q: WHAT ARE THE EXPECTATIONS FOR BEING A SUDT MEMBER?

A: Dancers who wish to audition must be in good standing with the university and must be willing to represent Samford University and the community in a positive manner. A high level of respect and kindness is expected all around.

Q: WHAT DOES IT TAKE TO MAKE THE SUDT?

A: Our judges will use the following selection criteria:

1. Overall Dance Ability
2. Technique and Skills
3. Enthusiasm, Energy, & Spirit Showmanship
4. Poise
5. Personal Appearance & Attitude

Q: CAN MY FRIENDS AND FAMILY WATCH AUDITIONS?

A: No. Our auditions are closed to the public. Your friends and families are welcome to be waiting on you for pictures and celebrations once the 2024-2025 team is announced.

Q: ARE SCHOLARSHIPS AVAILABLE?

A: Yes. Each member of the SUDT receives a total annual scholarship of \$1000 divided between the two semesters. Please note this amount is subject to change.

Q: A: MAY I TRYOUT IF I HAVE A TATTOO?

Yes, you may try out if you have a tattoo. Our policy is that even the smallest of tattoos must not be visible in the uniform or in rehearsal attire.

Please do not hesitate to contact me with further questions. We look forward to meeting you in April.

Best Wishes,
Coach Val
Vpowell1@samford.edu
Go Bulldogs!!!

SAMFORD UNIVERSITY DANCE TEAM APPLICATION

PERSONAL DATA

First Name: _____ Last Name: _____ Middle Initial: _____
SU Email Address: _____ Birthdate: _____ Age: _____
Home Address: _____
City, State: _____ Zip _____ Cell Phone #: _____

PARENT INFO

Father's Name: _____ Phone #: _____
Email Address: _____
Mother's Name: _____ Phone #: _____
Email Address: _____

EDUCATIONAL DATA

Samford University Student ID: _____ SU College GPA: _____
Major: _____ Anticipated Date of Graduation: _____
High School: _____ City, State: _____
GPA: _____ Year Graduated: _____

Check your current grade level at time of registration:

____ High School SR. ____ College FR ____ College SO ____ College JR

SAFETY CONDITIONS

For safety and training purposes, please list any prior orthopedic injuries, dates of injuries, and any unusual physical conditions that should be brought to our staff's attention:

Submit the following items in order via e-mail and meet the deadline date to be placed on the audition roster. (Forms must be signed by a parent if a student is under 19 years of age.)

Packet contents:

1. Photo/Headshot
2. Application & Participant release and waiver form
3. Proof of acceptance or current enrollment to Samford University
4. Copy of medical insurance card (front and back)
5. Payment submitted via provided link.

Please e-mail all packets to vpowell1@samford.edu

SAMFORD DANCE PARTICIPANT RELEASE AND WAIVER FORM

Each Participant must have a completed and signed release form in order to participate.

Participant's Name _____ Participant's Birthdate (mm/dd/yyyy) _____
Home Address _____
Participant's Cell Phone _____
Print Name of Parent/Legal Guardian _____ . City, State, & Zip _____
Parent/Legal Guardian Cell Phone _____

Liability Release: For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, _____ as parent or legal guardian of _____, (hereinafter Participant), hereby grant the permission necessary to allow Participant to participate in the Samford University Dance Team Auditions to be conducted by the Samford University Bands- Division of Music (hereinafter **SAMFORD UNIVERSITY**). I, in my own behalf and on behalf of my child, further agree to release and to hold harmless **SAMFORD UNIVERSITY**, the hosting site (university and/or high school), on whose premises the Dance Auditions will occur (hereinafter the Location), the Location, and the respective directors, officers, representatives, members, agents and employees of **SAMFORD UNIVERSITY**, the Location and their respective affiliates (hereinafter collectively Releasees) from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with Samford Dance, all activities associated with Samford Dance and while traveling to and from the site for Samford Dance. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Participant or by any other persons on the account of damages of any character resulting to Participant in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

Photo Release: I understand that **Samford University** from time to time produces promotional material relating to its programs. I understand that as a Participant and/or spectator at the Activity that Participant may be included in videotapes or photographs taken during the Activity. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Participant, hereby assign, transfer and grant **Samford University**, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Participant and to utilize such videotapes and photographs and Participant's name, face likeness, voice and appearance as a part of the Activity, in advertising and promoting the Activity or in advertising and promoting similar future events at no charge.

Medical Release: In the event of a medical emergency, I, on my own behalf and on behalf of the Participant, authorize **SAMFORD UNIVERSITY** to obtain necessary medical treatment of Participant and hereby, in my own behalf and on behalf of Participant, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred during the Samford Dance Auditions and while traveling to and from the site for the Samford Dance Team Auditions.

Insurance Company: _____ Policy Number: _____

I represent that any medication to which Participant is allergic or medications that Participant is currently taking are listed below. I agree that Participant shall bring medications which Participant is currently taking with him/her to Samford Dance Auditions and that he/she shall consume the prescribed dosage for such medications. **SAMFORD UNIVERSITY will not administer or supply any type of medication at the Samford University Dance Team Auditions**

Medications and allergies (IF ANY): _____

I acknowledge that the Participant suffers from the following conditions:

Emergency Contact: _____ Phone: _____
Address: _____
City, State, Zip _____

I hereby acknowledge that I have read this Participant Release and Waiver Form: Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases the Releasees from liability. I, in my own behalf and on behalf of Participant, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian X _____ Date: _____
Relationship to Participant: _____

I, identified above as Participant, acknowledge that I have read this Participant Release and Waiver Form: Liability Release and Medical Release.
Signature of Participant X _____ Date: _____