LIGHT OF THE WORLD BALLET

JR. Summer Dance Outreach

"A Mini Mission in the Heart of New York"

Monday, July 31 - Friday, Aug 4 2017

SDO has become so popular that we decided to create a Jr SDO! Jr SDO provides a junior- sized dance ministry outreach experience for our younger dancers, giving them an opportunity to learn what it means to remain ministry minded while performing! The first 4 days consist of training, and the last day will give students a chance to put into practice what they have learned with a **performance and outreach** opportunity in Syracuse, NY!

Ages: 8-12 Levels: Beginning to Intermediate Length: 5 Days

<u>Time</u>: 1–6 pm Monday through Thursday (drop off between 12–1pm)

NOTE: Friday's times may be later due to performance/outreach schedule.

<u>Activities:</u> Devotions, Ballet Technique, Choreography, Outreach Training, Creative Worship, and outreach performance on Friday! Transportation to performance on Friday will be provided by SDO.

Cost: \$225 Due by July 8th

Discount: TAKE 5% OFF OF \$225 IF FULL PAYMENT IS RECEIVED ON OR BEFORE June 24th

Registration Fee: \$25 per student

Optional Fees: LWB T-shirt: \$15 for Child sizes \$20 for Adult sizes

Registration & Full payment Due by: July 8th

Please fill out Medical Information, Release Form, Student Information

Include and attach your testimony of how you became a Christian or a testimony about something God has done in your life recently.

Students will be notified by email once registration has been received.

You may raise support for your tuition by writing support letters. A sample support letter is below.

Bring each day:

- Lunch
- Water Bottle
- Bible & Pen
- Pink Ballet Slippers & Pointe Shoes if on pointe.
- Black Leotard, Pink Tights, Black Fitted Shorts for class

<u>Attire:</u> Must be modest. Spaghetti-strap or low-cut leotards must be worn with a tights top underneath (directions on how to make a tights top are below). Hair should be neatly in a bun away from face.

Ministry Out-Reach Day: (Friday)

You will need:

- pink tights top
- nude camisole leotard
- black leggings
- performance pink tights.
- a black short-sleeved leotard or leotard worn with a short-sleeved black tights top
- Remove all piercings except one set of diamond-type earrings.
- Hair must be in a very neat, hair-sprayed, high bun.
- Makeup

-Foundation (should be same as or slightly darker than your skin tone) -Blush

- -Black mascara
- -Very red lipstick (we recommend Revlon "fire and ice")

When not in costume, <u>you MUST</u> wear the following:

- <u>Black, neat, loose fitting yoga pants without colored waist band</u> (flat waist band is preferred as opposed to fold over)
- a LIGHT OF THE WORLD BALLET T-shirt or loose T-shirt with no wording or design.

<u>Student Information</u> (Registration Due July 8th)

<u>Please include and attach your testimony of how you became a Christian.</u>

Name:Age:	
Date of Birth: / / If bringing a cell phone, your #:	
Height: Weight:	
Email:	
Address	
ZIP	
Father's Work Phone:Cell:	
Mother's Work Phone:Cell: Parents are: Married Separated Divorced (circle one)	
Student lives with: both parents mother father guardian	
Brothers/Sisters and their ages:	
Where are you in birth order	
Church Name: Affiliation:	
School currently enrolled in:	
This is a: Public School Private School Home School Grade:	
Favorite scripture(s):	
Last book(s) read:	
Favorite movie(s):	
Hobbies:	
What do you hope to gain from this outreach:	
How did you hear about LWB?	
Signature of Applicant:Date:	
REGISTRATION – <u>DUE by July 8th</u>	
5% discount if postmarked on or before June 24th	
T-shirt : I am <i>interested</i> in purchasing a LIGHT OF THE WORLD BALLET T-Shirt	
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Size: (circle) YOUTH (\$15) S M L Adult (\$20) S M L	
Registration Fee: \$25 per student	
SDO Payment \$	
Registration \$25	
T-shirt \$	
Total Amount Enclosed= \$	

LIGHT OF THE WORLD MINISTRIES, INC.

This form is kept confidential – Use back of this sheet if necessary

MEDICAL INFORMATION

By signing below, the undersigned, being (1) a participant of LIGHT OF THE WORLD MINISTRIES and (2) the parent or guardian of the person participating in LIGHT OF THE WORLD MINISTRIES, hereby represent, consent and agree to the following:

1) Those participating in LIGHT OF THE WORLD MINISTRIES **Summer Dance functions - 2017** are participating of their own free will. 2) We are aware of and voluntarily assume all of the risks of the activities during the aforementioned time and functions of LIGHT OF THE WORLD MINISTRIES including the risks of any illness and/or injuries which might result there from. 3) We are covered by medical insurance with an insurance company which covers the costs of medical treatment which may be incurred for any illness and/or injuries which might result from the individual's participation in the functions of LIGHT OF THE WORLD MINISTRIES. 4) We, the undersigned, hereby agree to hold LIGHT OF THE WORLD MINISTRIES and/or injuries, claims for illness and/or injuries, or legal action for claims for illness and/or injuries arising out of the aforementioned functions. 5) In this regard, we the undersigned hereby agree to present any medical bills arising out of the cost for treatment for any illness and/or injuries which occurred during the aforementioned functions to our insurance company for payment.

Insurance Company:				
Policy #:				
Name of holder on policy:				
		Ι	Date:	
Signature of *Parent/Guardian	or Participant			
Mother:	H	W	C	
Email:				
Father:	H	W	C	
Email:				
In case of an Emergency ple	ease contact:			
Name:		Phone:	Cell:	
Do you have an up-to	-date tetanus s	shot and, if so, wh	en was the vaccine	given?

Do you have any medical conditions, any special need, or health restrictions that we should be aware of?

Any known allergies (food, animal, etc.) to be aware of?

Are there any foods you do not like?_

Any present-existing or persistent condition/infection? (i.e. asthma, bursitis, etc.)

Please list any medications you are currently taking:

Have you ever had an eating disorder? (If yes, please explain):

Are you on a special diet of any kind? (If yes, please explain)

LIGHT OF THE WORLD MINISTRIES, INC.

Photo/Videography Release

Dear Student and Parent:

We often update our website and promotional materials and may use some pictures and video footage from previous workshops. Pictures and video footage may be used in future brochures and other publications representing classroom and general workshop settings. Photos and videography would never be intentionally used in such a way to reflect negatively on their subjects. Please read and sign the release below.

RELEASE

I,_______(Print student name), grant to LIGHT OF THE WORLD BALLET and MINISTRIES, Inc., its employees, agents, and assignees, the right and permission to make, reuse, and/or publish photographic pictures or video tapings of me, which may be used in connection with my own or a fictitious name, for any purpose whatsoever including the use of any printed matter. I waive any right to inspect or approve either the finished photograph or video or the printed matter or video with which it may be used in conjunction.

Student's Signature	
Date	
Print Name	

I certify that, as parent and/or guardian of the above-named student, any photographs or video which have been or are about to be taken by LIGHT OF THE WORLD BALLET and MINISTRIES, Inc. may be used for the purposes stated above.

Parent or Guardian's Signature

Print Name		
Date	 	

