

# DALLAS UNIQUE, INC.



DIRECTOR: IRIS WYATT

# DALLAS UNIQUE COALITION

DUC

MOTTO: DEFY UNUSUAL CIRCUMSTANCE

#DARE TO BE DIFFERENT

COLORS: LIME GREEN & PURPLE

MISSION STATEMENT: AN ORGANIZATION DESIGNED TO PROMOTE SELF-CONFIDENCE AND SELF-MOTIVATION THROUGH THE PURSUIT OF EXCELLENCE WHILE BUILDING INNER STRENGTH AND COURAGE TO LOVE IN SPITE OF, GROW IN THE MIST OF DIFFICULTY, AND BE UNIQUE WHILE BREAKING OUTSIDE THE NORM IN ORDER TO CREATE A BETTER COMMUNITY.



## *The Bumble Bee Cannot Fly*

According to laws  
of aerodynamics  
the bumble bee cannot fly;  
Its body is too  
heavy for its wings  
and that's the simple  
reason why.

But the bumble bee  
doesn't know this fact,  
and so it flies anyway  
for all to see.

Remember this when you're  
losing faith or hope  
God's proof that the  
impossible can be.

A. S. Waldrop

# DALLAS UNIQUE COALITION



## AGENDA

### INTRODUCTION

CEO- Chief Executive Officer & Fine Arts Director - Iris Wyatt  
COO – Chief Executive Operations Officer – Health and Fitness Director – Corey Wyatt  
Coaches – Shirika Clark, Lenisha Whitehead, Trina Rose  
Executive Administrative Assistant – Paulett Hunt  
Financial Coordinator – Marlet Wright  
Parent Volunteer Coordinator – Kina Berring  
Parent Liaison – Quana Jefferson & Tyesha Singleton

### DALLAS UNIQUE STAFF & SERVICES OFFERED

- I. **Dance**
  - ***Dance Director-Iris Wyatt***
  - Dance Director – Iris Wyatt
  - Elementary School Battle Coach – Sharika Clark
  - High School Battle Coach – Sharika
- II. **Dallas Unique Information**
  - Cost of program (60.00 per month)
  - Payment date is the 1<sup>st</sup> of each month
    - Cash payment is only to be given to Mrs. Marlet
      - You may pay Marlet cash or card
    - You may pay online at [dallasunique.com](http://dallasunique.com)
      - PayPal
    - You may also pay with Cash App
      - \$DallasUnique
    - All payments are late on the 5<sup>th</sup> day of the month
    - Your student will not be able to enter practice after the 5<sup>th</sup> if fees are not paid
  - Selection process
    - Students will attend practice for observation
      - Attire: All Black
      - Dec. 1st – Dec. 7th
      - 1201 W. Camp Wisdom Rd. from
      - 6:30 pm-8 pm
    - Dec. 7<sup>th</sup> the student will get an acceptance letter into the organization at the end of practice if they are accepted into the organization
  - Rules and Regulations will then be signed
  - Roles and Responsibility of Parents

- Make monthly payments on time
- Pay for uniforms & travel expenses
- Follow the chain of command
  - Student Chain of Command
    - Student leader
    - Parent liaison
    - Assistant Coach
    - Director
  - Parent Chain of Command
    - Uniform related
      - Have your child to contact student leader
      - Parent liaison
      - Assistant Coach
      - Director
    - Concern or Complaint
      - Parent liaison
      - Director
- Volunteer for committees
  - Fundraising committee
  - Banquet committee
  - Hospitality committee
  - Team building committee
  - Transportation committee
  - Equipment committee
- Fundraisers
- Support Director and Staff with student
- Follow rules and regulation of organization

# DALLAS UNIQUE COALITION



Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Age: \_\_\_\_\_ Billing Email Address: \_\_\_\_\_

Students Phone Number: \_\_\_\_\_

### Competition Team

\_\_\_\_\_ Yes! I am interested in the competition team

\_\_\_\_\_ No! I am not interested in the competition team I just want to attend class

### School Organization (Is your child apart of a school organization that may conflict with DU calendar)

\_\_\_\_\_ No

\_\_\_\_\_ Yes List organization \_\_\_\_\_ List School \_\_\_\_\_

### Previous Dance Experience

\_\_\_\_\_  
\_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

ACCIDENT WAIVER, RELEASE OF LIABILITY FORM, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT



**PLEASE READ CAREFULLY. BY SIGNING THIS DOCUMENT, YOU CHOOSE TO WAIVE LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH Dallas Unique, Inc., Dallas Unique Dance Company, (DUDC), Dallas Unique Fitness & Wellness, (DUFW), Dallas Unique Modeling Agency, (DUMA), Dallas Unique Authentic Ladies, (DUAL), and/or Dallas Unique College Connection, (DUCC), , including by way of example and not limitation, any risks including death that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, and am willing participating in organization activities, and have reasons no problems which preclude my participation in this organizations activities.

I acknowledge that this Accident Waiver and Release of Liability, Assumption of Risk, and Indemnity Agreement for will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said organizational activities.

In consideration of my application and permitting me to participate in this organizations activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from activities and events THE FOLLOWING ENTITIES OR PERSONS: Dallas Unique, Inc., Dallas Unique Dance Company, (DUDC), Dallas Unique Fitness & Wellness, (DUFW), Dallas Unique Modeling Agency, (DUMA), Dallas Unique Authentic Ladies, (DUAL), and/or Dallas Unique College Connection, (DUCC), and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, and sponsors;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this organizations activities, whether caused by the negligence of release or otherwise

I acknowledge that Dallas Unique, Inc. and sub entities of Dallas Unique, Inc. and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that all activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the organizations activities. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during activities.

I understand while participating in organizations activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the Dallas Unique, Inc. organization, producers, sponsors, organizers, and assigns.

The Accident Waiver, Release of Liability, Assumption of Risk, and Indemnity Agreement Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

_____	_____	_____	_____
Participant's Signature	Print Name	Date	Age
_____	_____	_____	
Parent/Guardian Signature	Association to Participant	Date	
(If participant is under 18 years old, Parent or Guardian must also sign.)			

# DALLAS UNIQUE COALITION



## UNIFORM SIZE CHART

Place an X next to your size

### Shirt Size

Child Sizes  
\_\_\_\_\_CS  
\_\_\_\_\_CM  
\_\_\_\_\_CL  
\_\_\_\_\_CXL

Female Adult Sizes  
\_\_\_\_\_S  
\_\_\_\_\_M  
\_\_\_\_\_L  
\_\_\_\_\_XL  
\_\_\_\_\_2XL  
\_\_\_\_\_3XL

Male Adult Sizes  
\_\_\_\_\_S  
\_\_\_\_\_M  
\_\_\_\_\_L  
\_\_\_\_\_XL  
\_\_\_\_\_2XL  
\_\_\_\_\_3XL

### Short/tights Size

Child Sizes  
\_\_\_\_\_CS  
\_\_\_\_\_CM  
\_\_\_\_\_CL  
\_\_\_\_\_CXL

Female Adult Sizes  
\_\_\_\_\_S  
\_\_\_\_\_M  
\_\_\_\_\_L  
\_\_\_\_\_XL  
\_\_\_\_\_2XL  
\_\_\_\_\_3XL

Male Adult Sizes  
\_\_\_\_\_S  
\_\_\_\_\_M  
\_\_\_\_\_L  
\_\_\_\_\_XL  
\_\_\_\_\_2XL  
\_\_\_\_\_3XL

### Shoe Size

Child Sizes  
\_\_\_\_\_1  
\_\_\_\_\_2  
\_\_\_\_\_3  
\_\_\_\_\_4  
\_\_\_\_\_5

Female Adult Sizes  
\_\_\_\_\_5  
\_\_\_\_\_6  
\_\_\_\_\_7  
\_\_\_\_\_8  
\_\_\_\_\_9  
\_\_\_\_\_10  
\_\_\_\_\_11  
\_\_\_\_\_12

Male Adult Sizes  
\_\_\_\_\_5  
\_\_\_\_\_6  
\_\_\_\_\_7  
\_\_\_\_\_8  
\_\_\_\_\_9  
\_\_\_\_\_10  
\_\_\_\_\_11  
\_\_\_\_\_12

Signature: \_\_\_\_\_