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## Dance Rules

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1. All entries in the dance, drama and music divisions must be recorded after October 1, 2022.
2. Suggested length of performance - no longer than three minutes.
3. Judges reserve the right to move an entry to the appropriate category or disqualify the entry if rules are not followed.
4. Dance entries will be judged based on the style of dance and steps incorporated in the performance as opposed to the style/genre of music selected.
5. Whole-body (head to toe) video recording for dance entries is necessary. Video recording can include close-ups of the body and/or feet but whole-body view should be included as well.
6. It is considered a solo when one Veteran dances with a non-Veteran partner.
7. **Entries MAY NOT be expanded with non-eligible Veterans or any other individual unless it is a partner dance where the partner is necessary to perform the dance movements.** Although the National Veterans Creative Arts program recognizes the therapeutic value of participation of staff, volunteers and ineligible Veterans in groups, it is essential in keeping with the fairness of the competition that **only eligible Veterans** are competing against each other.
8. **CD audio tracks** of the dance division entries are **NOT required to be sent to the dance chairperson**. However, should the entry place first in the national competition and the Veteran(s) be invited to perform their entry in the Festival stage show, the CD audio track must be sent to the dance division chairperson.
9. **TITLE PAGE** – Each entry must have a title page displayed prior to the entry being shown. The title page should include the Category and the Title of the Entry. The title page can be inserted during the editing process or it can be done manually prior to the taping. It is acceptable to hold up a handwritten sign that states the category and title of piece.

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## *Additional Information*

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**Please note the Following:**

~Deadline for Submission of Entries: August 1<sup>st</sup>, 2023

~Local Show Date/Time: Thursday August 31<sup>st</sup>, 1pm-4pm, at the Milwaukee VA Medical Center, 5000 West National Avenue, 3<sup>rd</sup> Floor Recreation Hall, 3435.

~Please Contact the Following With Questions, Concerns, and/or to Submit your Entry Form:

Christine Wiggin, MT-BC: 414-384-2000 Ext. 41685

[Christine.Wiggin@va.gov](mailto:Christine.Wiggin@va.gov)

Caitlin Armson, MT-BC: 414-384-2000 Ext: 41988

[Caitlin.Armson@va.gov](mailto:Caitlin.Armson@va.gov)

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## Dance Categories

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All categories are inclusive for Veterans who are ambulatory or use assistive devices for movement (i.e. wheelchair, crutches, walkers, etc.).

1. **Ballroom** - Solo or Group. Pattern of movement in a choreographed routine. Structured ballroom dances such as the waltz, jitterbug/swing, hustle, disco, polka, lindy hop, fox-trot, quick step. Veteran(s) should maintain physical contact with partner for greater part of dance.
2. **Latin Ballroom** - Solo or Group. Latin style structured ballroom dances such as samba, cha-cha, salsa, Meringue, Machida, rumba, tango, etc. Veteran(s) should maintain physical contact with partner for greater part of dance.
3. **Country/Western/Folk/Ethnic/Cultural** - Solo or Group. Country/western dances such as: Two Step, Waltz, Cowboy or Traveling Cha Cha, Polka, Schottische, promenade dances, East Coast Swing, West Coast Swing, Line Dance, Square Dance. Choreographed wheelchair dances associated with various cultures or countries. Examples may include: Clogging, Jewish Hora, Jig, May Pole, Mexican Hat, etc.
4. **Modern/Contemporary** – Solo or group. Expressive dance that combines elements of several dance genres including modern, jazz, lyrical, and classical ballet. Contemporary dance stresses versatility and improvisation.
5. **Tap, Jazz or Ballet** - Solo or Group. Traditional tap, jazz, or ballet patterns of movement choreographed to music in a routine.
6. **Line Dance** - Set pattern of movements where the individuals end up facing 2 or 4 walls. Suggest a minimum number of 3 to form the line. **All group members must be Veterans unless the line dance requires a partner where the partner is necessary to perform the dance.**
7. **Interpretive Movement** - Solo or Group. The movements tell a story or interpret feelings through hand movements or gestures. Wheelchair does not need to move. Examples may include sign language or other hand movement and dance meditation. Stretching to music does not qualify entry into this category.
8. **Freestyle/Hip-Hop** - Solo or Group. Non-choreographed/non-patterned movements that can involve any style of dance. Movements are spontaneous/improvisational. Entries into this category may contain many diverse steps and movements allowing dancers to use freedom of expression to enhance their dance style. Example: Freestyle, hip-hop, etc.
9. **Novelty** - Solo or Group. A routine consisting of original, imaginative, or innovative dance movements that incorporate a theme concept or characterization throughout the entire performance.

**10. Special Recognition** - Solo or Group. Wheelchair or ambulatory. Entries that recognize individuals who exhibit creative expression through the use of dance while possessing significant physical or psychological limitations. The intent of this category is to reinforce the concept of the arts as therapy, where an individual uses artistic expression to facilitate successful treatment outcomes.

Entries in this category **MUST** also include:

- **A written statement/narrative** (50 to 250 words) by a VA staff person or the Veteran of why the Veteran is deserving of special recognition
- Consent form 10-3203 and 10-5345 (included in this handbook) must be signed and dated by the Veteran. The staff contact person submitting the entry for the Veteran should safeguard the signed consent forms at their VA facility.

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## Sample Dance Judging Criteria

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- **Technical Skills** - body placement, quality of movements
- **Musicality** - rhythm, timing/phrasing, movement related to music
- **Stage Presence** - confidence, focus, artistic expression, mastery of choreography

### Sample Dance Judging Score Sheet

<b>Category Number:</b>	<b>Category Name:</b>
<b>Title of Entry:</b>	

CRITERIA	POINTS									
<b>Technical Skills</b>	1	2	3	4	5	6	7	8	9	10
<b>Musicality</b>	1	2	3	4	5	6	7	8	9	10
<b>Stage Presence</b>	1	2	3	4	5	6	7	8	9	10

**TOTAL SCORE** \_\_\_\_\_

\*Note: References to diagnosis and explanations of emotional or personal content related to the entry or Veteran will not be read or communicated to the national judges. The exception to this rule is an entry submitted into a category that require a write-up.

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## How to Submit Entries to the National Competition

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### National Competition Entry Submission Process – Arts4Vets App

Entries may be submitted **only by facility staff contact persons** to the national level of the competition using the Arts4Vets App.

Non-VA Staff from other government Veteran medical facilities will not have upload access to the Arts4Vets App and may continue submit entries in other ways. Please reach out to the National Director or division chairpersons to coordinate.

Veterans will not be able to submit their own entries through to the national level of competition or directly into the Arts4Vets App. They must work with the VA facility where they are enrolled and meet the local competition deadline dates.

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## Dance Division Entry Form

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**VA Staff:** Obtain additional Veteran contact information to notify Veteran(s) of the competition results.

Category Number and Name:	
Title of Entry:	
Title of Music Selection <i>(if different from Title of Entry):</i>	
Non-Veteran dance partner name(s):	
Was the entry choreographed by the Veteran?	<b>YES or NO</b>

### Solo Entry

Veteran Name:	
Veteran E-mail:	

### Group Entry

Group Name:	
Number of Veterans in Group:	

### Group Members

First Name	Last Name	Email	Phone Number

**File Name:** Files uploaded to the new Arts4Vets App will automatically be renamed to coordinate with the entry data.

**Veterans - By submitting entries into the competition, you are confirming the following statement is true:** I/we have read all the rules for the division in which I/we am/are entering. If my/our entry places first at the national level, I/we understand that I/we will be invited to attend the National Veterans Creative Arts Festival. It is required that I/we attend and participate in rehearsals for the entire event.

### VA Staff Checklist:

- Veteran meets the competition eligibility criteria
- Veteran is approved to enter the NVCA Competition as a representative of this VA facility
- Veteran has signed the necessary consent forms (10-3203 and if necessary, 10-5345)

**EVERY VETERAN MUST SIGN FORM 10-3203 TO COMPETE IN THE LOCAL AND NATIONAL LEVEL CREATIVE ARTS COMPETITIONS.** The signed form should not be submitted to the Arts4Vets App for national competition judging. The signed form must be safeguarded at the Veteran's VA facility.



Department of Veterans Affairs

**CONSENT FOR PRODUCTION AND USE OF VERBAL OR WRITTEN STATEMENTS, PHOTOGRAPHS, DIGITAL IMAGES, AND/OR VIDEO OR AUDIO RECORDINGS BY VA**

Name of individual whose statement, likeness, or voice is requested:

**NOTE:** The execution of this form does not authorize production or use of materials except as specified below. The specified material may be produced and used by VA for authorized purposes identified below, such as education of VA personnel, research activities, or promotional efforts. It may also be disclosed outside VA as permitted by law and as noted below. If the material is part of a VA system of records, it may be disclosed outside VA as stated in the "Routine Uses" in the "VA Privacy Act Systems of Records" published in the Federal Register.

The purpose of this form is to document your consent to the Department of Veterans Affairs' (VA) request to obtain, produce, and/or use a verbal or written statement or a photograph, digital image, and/or video or audio recording containing your likeness or voice. By signing this form, you are authorizing the production or use only as specified below.

You are NOT REQUIRED TO CONSENT TO VA's REQUEST to obtain, produce, and/or use your statement, likeness, or voice. Your decision to consent or refuse will not affect your access to any present or future VA benefits for which you are eligible.

You may rescind your consent at any time prior to or during production of a photograph, digital image, or video or audio recording, or before or during your provision of a verbal or written statement. You may rescind your consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs and the ease of compliance of the number of parties involved and **the Veteran's VA facility and the Dept. of VA Office of National Veterans Sports Programs & Special Events.**

The photograph, digital image, and/or video or audio recording will be produced while I am (describe the activity or situation) **(To Be Completed by the Department of Veteran Affairs, if applicable)**

A participant in an adaptive sport or creative arts therapy program sponsored by the Veteran's VA facility and the Office of National Veterans Sports Programs and Special Events (NVSP&SE) and the American Legion Auxiliary.

**Check at least one of the following (to be completed by VA)**

I hereby voluntarily and without compensation authorize Department of Veterans Affairs NVSP&SE and the Veteran's VA facility to produce a photograph, digital image, and/or video or audio recording of me (or of the above named individual if the individual is legally unable to give consent).

I hereby voluntarily and without compensation authorize Department of Veterans Affairs NVSP&SE and the Veteran's VA facility to obtain or use a verbal or written statement from me (or the of the above named individual if the individual is legally unable to give consent).

I consent to allowing VA to record and use a verbal or written statement, or produce and use photographs, digital images, and video or audio recording for the purpose(s) identified below:

This product will be used: (NOTE: At least one of these boxes must be checked as well as a purpose described below) (to be completed by VA)

- Internally (stay within VA)     Externally (shared outside VA)

**Please check the applicable purpose(s) (to be completed by VA)**

**Promotional Efforts:**

- Internal Publication (only VA)     External publication (publicly available)

Other (Specify): Newspapers, radio stations, television stations, participant profiles, souvenir program booklet and DVD, and other media outlets. In addition, VA may release this information to sponsor organizations of the National Veterans Sports Programs and Special Events in the form of other media products to promote the positive aspects of creative arts therapy.

**Research Activities:**     Study

**Education Purposes:**

- Presentation     Conference     Publication in a Journal     Training

Other (Specify):

**VA ONLY Use:**

Performance Improvement     Quality Improvement     Health Care Operations

Other (Specify):

All of the Above

**NOTE:** Do not sign this form unless one or more of the boxes above has been checked.

I have read and understand the foregoing, and I consent to the use of a verbal or written statement from me, and/or of my likeness and/or voice as specified for the above-described purpose(s). I understand that no royalty, fee, or other compensation of any kind will be made to me by the United States for such use. I understand that consent to obtain, produce, and/or use a verbal or written statement, photograph, digital image, and video or audio recording containing my likeness or voice is voluntary, and my refusal will not adversely affect my access to any present or future VA benefits for which I am eligible. I further understand that I may, at any time, rescind my consent prior to or during production of a photograph, digital image, or video or audio recording. I also understand that I may rescind my consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs, the ease of compliance, and the number of parties involved.

<b>Print Veteran Full Name (First and Last Name)</b>	<b>Veteran Signature</b>	<b>Date</b>
<i>Permission Obtained By (TO BE COMPLETED BY VA)</i> <b>Print VA Employee Full Name</b>	<b>Title</b>	<b>Date</b>
<i>Signature of Person Obtaining Consent (TO BE COMPLETED BY VA)</i> <b>Print VA Employee Full Name</b>	<b>VA Employee Signature</b>	<b>Date</b>

**IMPORTANT:** If VA is providing or releasing any patient health or demographic information with the verbal or written statement, photograph, digital image, or video or audio recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information, is required prior to the release of such data to any source outside VA.