

DANCER'S EDGE COMPETITIVE DANCE TEAMS APPLICATION

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Please print:

Last Name	Attach wallet sized photo here
First Name/Middle Initial	
Phone	
Address	
City/State/Zip	
Parent Email:	Student Email:
Student Birthday/Age	How did you hear about the auditions?
<p>Medical Release</p> <p>I, the undersigned parent/guardian of the student listed above, do hereby allow my child to participate in the Dancer's Edge Auditions named above. I understand that in the unlikely event of an injury or illness, there will be an attempt to notify my emergency contact at the phone number above prior to seeking medical treatment and hereby authorize a school official to obtain medical treatment for me for such injury or illness during the auditions. I hereby hold The Village of Dexter, The City of Ann Arbor, Dancer's Edge, The University of Michigan, Valerie S. Potsos and all representatives harmless in the exercise of authority. I understand that for the teachers to accurately assess my child, they may film using a Video camera for teacher purposes only. I allow the teachers to film my child.</p> <p>Parent Signature _____</p> <p>X _____ Date _____</p> <p>Student Signature _____</p> <p>X _____ Date _____</p> <p>*I understand that all of these teams are a 1 year commitment. I agree to attend all competitions and recitals to the best of my ability.</p>	<p>Why do you want to be on this team?</p> <p><u>Select and circle one or more. I am also interested in the following:</u></p> <p>Competition Hip-Hop</p> <p>Competition Pom</p> <p>Competition Tap</p> <p>Competition Lyrical</p> <p>Other _____</p> <p>Please consider me for _____ (number) of Group Dances.</p> <p>*I understand that all of these teams are a 1 year commitment. I agree to attend all competitions and recitals to the best of my ability.</p> <p>List Dance Experience Below (use back if needed)</p>