



Dance Team Application

Name: _____

Address: _____

Age: _____

Birthdate: _____

Parent(s) Name(s): _____

Do you have any health problems or limitations? Yes No

If yes, please list: _____

Team Auditioning for: PLEASE CHECK ALL THAT APPLY:

____ FUSION DANCE TEAM ____ EXTREME TEAM ____ ELITE TEAM

Do you have any conflicts with the time commitment and expectations of the MIM Dance Team? _____

Briefly explain why you would like to be on the MIM Dance Team/Competitive Team.

Waiver: In consideration of being permitted to participate in any way in the MIM Dance Team audition process, I, for myself, my heirs, personal representatives or assigns, do hereby releve, waive, discharge and covenant and all claims resulting in personal injury, accidents or illness and property loss from, but not limited to, participation in the MIM Dance Team audition process.

Signature of Parent of Minor

Date

Signature of Participant

Date

OFFICE USE ONLY:

\$25.00 non-refundable audition fee

____ Cash

____ Check

AUDITION NUMBER: _____