



# 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: \_\_\_\_\_

Auditioning for: PLEASE CHECK ALL THAT APPLY:

\_\_\_\_ MINI Member    \_\_\_\_ JUNIOR Member    \_\_\_\_ SENIOR Member    \_\_\_\_ ELITE Member

Do you have any conflicts with the time commitment and expectations of the MIM Competitive Team? \_\_\_\_\_

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

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

**Waiver:** In consideration of being permitted to participate in any way in the MIM Competitive 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 Competitive Team audition process.

\_\_\_\_\_  
Signature of Parent of Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

\$25.00 non-refundable    audition fee

\_\_\_\_ Cash    \_\_\_\_ Check    \_\_\_\_ CC

AUDITION NUMBER: \_\_\_\_\_

PAID \_\_\_\_\_