



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 (ages 5 to 9) ____ COMPETITIVE Member (ages 10 to 18)

For COMPETITIVE auditioning for (check all that apply):

____ Lyrical ____ Hip Hop ____ Remake ____ Tap ____ Contemporary ____ Production ____ Jazz

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 (w/5%)

AUDITION NUMBER: _____

PAID _____