

**Douglas S. Freeman High School  
Dance Team Application**

Name: \_\_\_\_\_

Parents' Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Mother's Work: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Student's E-Mail: \_\_\_\_\_ Parent's E-Mail: \_\_\_\_\_

Student's Birthday: \_\_\_\_\_ Next Year's Grade Level: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Short/Pant Size: \_\_\_\_\_

Please list all summer commitments/vacation dates: \_\_\_\_\_

\_\_\_\_\_

Do you have early bird classes: \_\_\_\_\_

Previous Dance Experience: (Middle School Dance Team, Studio, Cheerleading, Etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other activities of the student: \_\_\_\_\_

\_\_\_\_\_

Briefly describe why you want to be on the Dance Team and how you see your role on the team: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you interested in being captain:    YES        NO

List two of your strengths, one in dance and one in character: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List two of your weaknesses one in dance and one in character: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you find out about the Dancin' Rebels and tryouts? \_\_\_\_\_

## Medical Information

Student's Full Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mother's Work: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Father's Work: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

All Allergies or Medical Problems (including contacts and diabetes): \_\_\_\_\_  
\_\_\_\_\_

Any Previous/ Current Injuries & Degree of Recovery: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Emergency Contact Numbers: \_\_\_\_\_

### Parental Permission:

I acknowledge that the above information is correct to the best of my knowledge. Our child has permission to try out of the Dance Team and to attend all Dance Team practices, performances, and other activities. I agree not to hold the coaches and/or sponsors liable for any injury or misfortune that comes of my child.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Student Commitment:

I understand that by trying out of the Dance Team that I am committing to the team for the entire 2012-2013 season and to all that is involved with this position. If selected for team, I will do my best to be a positive member of the group. I also acknowledge that the above information on this application is true.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_