

NHS Varsity Dance Team Registration Form

Name _____ Class of 20 ____ DOB _____

Address _____

Phone number: (home) _____ (cell) _____

Dancer e-mail: _____

Parent(s) names: _____

Parent(s) cell phone: (mom) _____ (dad) _____

Parent(s) e-mail: _____

Please list what type of dance styles you have experience in:

Please list any dance and or performance experience you may have:

What dance studio are you currently enrolled at? _____

Are you on a competitive team at your current studio? _____

Contact person _____ email _____ phone _____

I have read the tryout packet and give _____ my permission to tryout for the NHS Dance Team. I understand that injuries may occur and that the Northville School District, coaches, or assistants are not liable for any injuries or treatment. I understand that my student is expected to follow the rules of the team and participate fully at games, events, and practices. If my student violates the rules, it may lead to temporary or permanent suspension from the team. I also understand that for my student to participate in the games, competitions and other events, they must be present for practice, unless arrangements have been made with the coach, in advance. I understand that my student will be evaluated by the coach and will be placed by ability, not seniority.

Date

Parent Signature

I have read the information provided in the tryout packet and fully accept the responsibilities necessary to be a contributing member of the team. I agree to treat team members, my coach, and any school official with the utmost respect.

Date

Student Signature

Please circle what team you are trying out for: Varsity JV Both

Please circle if you would be willing to accept an alternate spot on Varsity or JV:

Varsity JV Both