

ATD TRY-OUT FORM

NAME: _____

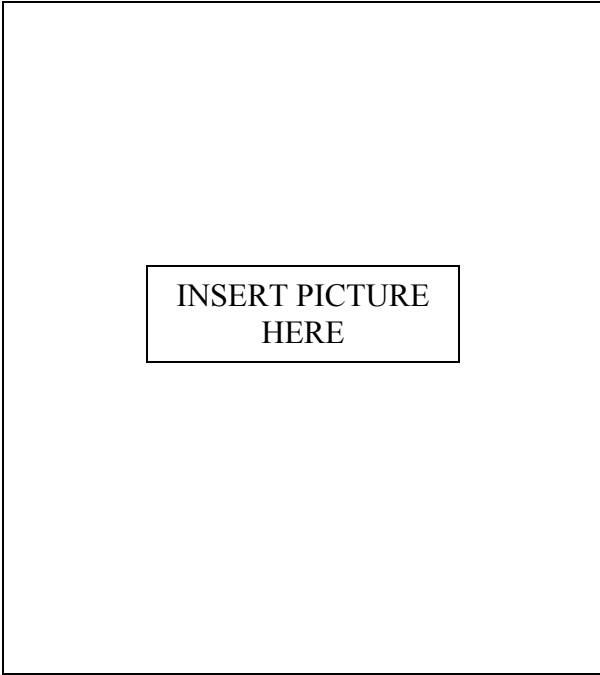
AGE: _____ BIRTHDAY: _____

ADDRESS: _____

HOME NUMBER: _____

MOM/ DAD CELL NUMBER: _____

E-MAIL ADDRESS: _____



MAXIMUM # OF DANCES YOU CAN COMPETE (2 MIN.):

JAZZ TAP MUSICAL THEATRE LYRICAL HIP HOP

SOLO? YES ___ NO ___

JAZZ TAP MUSICAL THEATRE LYRICAL HIP HOP

DUET/ TRIO? YES ___ NO ___

JAZZ TAP MUSICAL THEATRE LYRICAL HIP HOP

Release of Liability. Please read and sign the following:

I/we the parents/guardians of _____ do hereby permit the above named applicant to participate in dance or other physical activities while a student All That Dance. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said student's personal safety and All That Dance, it's supervisors, and instructors, whether paid or volunteer, from any and all liabilities that may occur from any injury, including death to said student that may arise by said student's participation in this program. I/we understand that there is personal risk in any activity that involves motion and that these activities can result in serious injury, disability, or death. I/we assume all responsibility and waive any claim for compensations for accidental injury, disability or death while All That Dance and hereby agree to hold harmless All That Dance, its agents or employees against any and all claims which may arise while participating at All That Dance. I/we have received and read the ATD rules and regulations and agree that my child will follow all rules pertaining to All That Dance. I also agree to fulfill all financial responsibilities to All That Dance and ATD Boosters.

I do hereby allow _____ to fully participate in this program.

Parent Signature _____ Date _____ Print Parent Name _____