

Spartan Scarlets Dance Team Application

Name: _____

Birth Date: _____

Cell Phone: _____ Student ID #: _____

Student Year: _____ Major: _____

Primary Email: _____

Local Address or Dorm: _____

Home Address: _____

Shoe Size: _____ Sports Bra Size: _____ Shirt Size: _____ Bottoms Size: _____

List all previous dance experience: _____

What are your greatest strengths and skills as a dancer and what would you contribute to the team?

Why are you interested in becoming a member of this team? _____

What other clubs, sports, and extracurricular activities do you participate in? _____

Class and Work Schedule (please be specific or attach class schedule print out):

Sunday: _____
Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____
Other: _____

Please list any personal web pages you have (include user name if applicable)

Facebook: _____
Instagram: _____
Tik Tok: _____

Medical:

Please list any allergies: _____

Please list any medications: _____

Please list any injuries or physical limitations: _____

Liability Waiver

By signing this agreement, I _____ confirm that I am medically and physically okay to participate in all dancing/audition activities such as, but not limited to, jumping, tumbling, stretching, cardio, weights and endurance training. Any allergies or limitations are fully disclosed above. I release all liability of injury during the audition process and take responsibility of my own health and wellness for such activities.

Signed: _____ Date: _____

Printed Name: _____