

# beautiful feet

DANCE STUDIO

## Competition Team Audition Form

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### Dancer's Information

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Please briefly explain your dance, gymnastics, sports, etc. experience. Where did you dance/participate in other sports, for how long were you involved there, etc.?

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## Parent/Guardian Information

Mother's Full Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Who is the Contact Parent (parent to receive all emails, texts, calls, and mail)?

Please circle one.    Mother       /       Father

Contact Parent's Phone Number: \_\_\_\_\_

Contact Parent's Email: \_\_\_\_\_

Contact Parent's Address: \_\_\_\_\_

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

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, am aware that participation in dancing is potentially dangerous and involves risk of injury. I understand that these risks include, but are not limited to injury to ligaments, muscles, tendons, bones, and other aspects of the body that may include head, neck, or spine. Due to the dangers of this activity, I understand the importance of my child's following the teacher's instructions regarding techniques, training, and other rules and agree that my child will obey these instructions. In consideration for allowing my child to participate in Beautiful Feet Dance Studio's activities, I hereby assume all the risks associated with the sport of dance, and I agree to release Beautiful Feet Dance Studio and its employees or agents from any and all liability/responsibility which may arise in connection with my child's participation in activities at Beautiful Feet Dance Studio.

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

Parent Name Printed \_\_\_\_\_