

Stone Memorial High School

Dance Team Audition Packet

When: May 24 - 26
3:30 - 5:30

Where: SMHS

What to wear: Dance or school appropriate clothes that you can easily move in and dance shoes or tennis shoes. Please no baggy or revealing clothing, jeans, or flip flops/sandals.

Obligations: What you should know before trying out:

- This is a commitment of your time and energy.
- Practice is required and will be held 2 times per week at Crossville Center of Dance (CCD). If practice is missed the week before a game the dancer will not perform at that week's game. A practice schedule will be given so that you can schedule appointments around practices.
- Performances will be at pep rallies and home games for football and basketball including play-off games.
- Summer dance camp
- Possible performances with CCD for community service projects
- Fundraisers
- There is a financial commitment (for uniforms, warm ups, equipment, etc.)

The following items must be turned in no later than May 10th to participate in auditions (Return completed packet to Kelly Smith at SMHS or Rachel Hawn at the Crossville Center of Dance):

- **Team Member Information Sheet**
- **A completed Parent Release**
- **A completed Waiver**
- **Great Attitude!**
- **A current physical**

A Word from the Coaches:

We are excited for this opportunity to coach the SMHS Dance Team. As dance has been an important part of our academic careers and life, we want to ensure this is a good experience for everyone. More information on costs, details on practices, camp schedules and other items will be discussed at our mandatory meeting once the Team has been announced.

We appreciate the opportunity to work with these dancers and cannot wait to dance with everyone! If you have any questions or concerns you may contact us through the information below.

Thank you,
Rachel Hawn & Betsy Collins
"Ms. Rachel" "Ms. Betsy"

Email: crossvillecenterofdance@gmail.com

Studio Phone: (931) 484.8380

SMHS: (931) 484.5767 You may leave a message for us or our School Sponsor, Mrs. Kelly Smith.

Crossville Center of Dance Studio: 21 E. Stanley Street, Suite 209

SMHS Dance Team Member Info Sheet

Student's Name: _____

Age: _____ **Date of Birth:** _____

Grade Entering: _____ **Average GPA:** _____

Student's Phone and Email: _____

Parents' Names: _____

Address: _____

City/State: _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Family Doctor: _____ **Phone:** _____

Allergies, Medications, Special Needs, Medical Needs:

1) Years of dance experience: _____

2) Other relevant experience (cheer, tumbling, theater, etc.):

3) Why do you want to join the Dance Team? _____

4) What other activities are you involved in? _____

***SMHS Dance Team
Parent Release for Auditions***

Please initial, fill in names, and sign:

_____ I give my child, _____, permission to audition for the Stone Memorial High School Dance Team for the 2020-2021 school year.

_____ I acknowledge that during the specified times, the student will be supervised by the participating adults, and will need to be picked up promptly at the end of each session/practice.

_____ I understand that there are costs associated with being on the SMHS dance team. I agree to uphold the financial obligations agreed upon by myself and the coaches and school.

_____ I, _____, the parent or legal guardian of _____, promise to abide by the policies of the school and to keep my interactions with the school positive if my child is chosen or not chosen as a member of the team. I understand that failure by me or my child to adhere to these policies may result in dismissal from the team.

Parent/Guardian Signature

Date

Student's Name

WAIVER

I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/ or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to Crossville Center of Dance, its officers, agents, employees, instructors, subsidiaries, parent corporations, and all affiliated entities (hereinafter collectively referred to as "Crossville Center of Dance"). I, for myself, my heirs, executors and administrators hereby agree to release Crossville Center of Dance and hold Crossville Center of Dance harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in dance on behalf of the participant.

I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

The participant has my permission to participate in Crossville Center of Dance Events. I warrant the below information is complete and correct. I further release Crossville Center of Dance of all liabilities associated with my child's attendance at Crossville Center of Dance and its events.

I also give my permission for Crossville Center of Dance to use my child's picture in or on any advertising, press releases, displays or for the studio's electronic media (i.e. Website, Facebook, Instagram, social media) or affiliated event.

Signature of Parent or Legal Guardian

Date

Student's Name - Please Print