

2015-2016 DEDC D-Team Dancer Application

Personal Information		
First Name:	Last Name:	
Home Phone:	Alternative Phone:	
Address:		
City:	State:	Zip Code:
E-mail:		
Age:	Birth date:	
Parents Name: (First & Last)		
Cell Number:	Parents E-mail:	
Bust:	Waist:	Hips:
Girth:	Height:	Shoe Size:
Education		
School:	City:	Year:
After School Activities: (Cheerleading, poms, etc.)		
Applicant's Employment (If Applicable)		
Place of Employment:		
City:	State:	Zip Code:
Days you work:	Hours you work:	
Training And Personal Experience		
Dance:		
Gymnastics:		
Vocal:		

Prior Dance Experience

Have you ever been a member of the Dynamic Edge D-Team Competition? yes no

If so, For how long?

If auditioning for D-Team for the first time, Have you ever been part of any competition team?
 yes no

If yes, for how long?

Other Information

Are you willing to perform for charity events even if it is scheduled on a day in which you don't attend classes? yes no

Are you able to be at class by 4:00? yes no

Are you available for competitions during the months of February, March, April, and May?
 yes no

When is your school's spring break?

Why do you wish to become a member of Dynamic Edge's D-Team?

Application Process

- Please print clearly in blue or black ink.
- Please attach a current snap shot (4X6 size only) may be black and white or color.
- Please make sure you have filled out all the info on all three pages.

- Deadline for applications is Saturday May 30th. Applications will not be accepted late (this goes for new and returning applicants). You must turn in application in on time in order to audition.
- There is a \$25.00 application fee.

Please Check the following if interested

Solo _____ Duet _____

Outside Choreography _____

Sports Acrobatic Program _____

*To be part of our Sports Acrobatic Program you must take an acro class and also a sports acro class at the studio.

*Extra fees apply to outside choreography. Some Choreographers will have an audition process involved with their outside choreography.

Dynamic Edge Dance Center

Student Assistant Agreement and Release

As a participant of Dynamic Edge Dance Center Student Assistant Program, I agree to accept responsibilities associated with being a Student Assistant. I further agree, should I be selected for the DEDC Student Assistant, this agreement and release shall remain in full force and effect.

Assistant's Responsibility

- The month of September is a training month (no discount is applied that month due to learning/training period)
- Discount is \$5.00 off tuition per month if you would happen to miss 2 or more classes that you assist that month your discount is forfeited.
- You will need to keep track of the classes you are assisting on a calendar we will provide. The teacher you are with will need to initial next to your times at the end of each class. (The main teacher will not initial them all at once). You **MUST** drop off your time sheet calendar at the end of month after the last class you assist each month to Miss Joanne or the tuition drop box.
- Tuition will be posted in full to your account each month. Student discounts will be applied to your account after receiving your calendar. **Reminder-** you **MUST** turn in your calendar after the last class you assist or you will not receive discount. (Calendars cannot be all turned in at one time) No Exceptions.
- Assistant's job requirements include but are not limited to: Putting dancers in their spaces, tying shoes, helping the students, putting the supplies used for class back, taking roll, knowing all the dancers names, learning and knowing all class material, and any other requirements your individual teacher may expect (they will go over information with you once you are assigned).
- Good attendance and positive attitude is required

By my participation in Student Assistant Program, I expressly represent that I have adequate medical and liability insurance and agree that Dynamic Edge Dance Center may rely on such representation. I agree to all terms.

Signature _____

Name Printed _____

Date: _____

If participant is under the age of 18 years, signature if a parent or legal guardian is required. As parent/legal guardian of the above stated participant, I hereby agree and accept all of the above stated terms on behalf of my dependant.

Signature_____

Name Printed_____

Date_____