DANCER PROFILE

Application for 2021 Arrowhead Dance Team

Full Name:	Nickname					
Dancer Email	2021-2022 Grade					
Dance Cell Phone			Birthd	ay		
Home Address						
Parent/Guardian Name (#1)		Parent/Guardian Name (#2)				
Parent/Guardian Cell (#1)	Parent/Guardian Cell (#2)			(#2)		
Parent/Guardian Email (#1)			Parent/Guardian Ema	il (#2)		
DANCE EXPERIENCE						
Where	Years	Description (styles	of dance, skills acquired, ec	t.)		
		/				
OTHER COMMITMEN	TS While dancers r	nay participate in other act	ivitios AND studio danco it i	s imporative that they are se	mplotoly transparent and	
upfront with coaches about know						
Summer Conflicts/Commitr		e <mark>co</mark> mplete the BLANK c				
Fall/Winter Conflicts/Comn	nitment: Desc	ription – Explanation of	commitment, start/end c	lates, weekly schedules		
Do you currently have any inju	uries or health con	dition that we should be	aware of? If yes, p	olease explain.		
VES / NO						
YES / NO Have you had an injury or a hea	alth condition that h	as prevented you from p	articipating 100% in a spo	rt or activity in the past? Ij	f yes, please explain	
YES / NO				,		
My daughter has permission					, -	
participating in the workshop contact with other person or						
cover any injuries while invol			suit in injury. Tacknowie	uge that i must have adeq	date health insurance to	
Parent/Guardian Name Pr	inted		Date			
Parent/Guardian Signature	e					

Date