



Discovery Middle School
Dance Team Application

Please Print Clearly:

Name of Dancer: _____ Birthdate _____.

Current School _____ Current Grade (6th or 7th) _____.

Dance experience (check one): yes no
If yes, list dance studio and years of experience _____.

Allergies/Medical concerns (check one): yes no
If yes, please explain: _____
_____.

Contact Information:

Parent/Guardian _____.

Home address _____.

Contact phone number _____.

Email address _____.

Emergency contact name and number (other than parent) _____.

Person(s) responsible for picking up dancer each day of tryouts:

Tuesday- Name _____ Contact Number _____.

Wednesday- Name _____ Contact Number _____.

Thursday- Name _____ Contact Number _____.