

# DANCER'S EDGE AUDITION FORM

**DANCER'S  
EDGE**



DANCER'S NAME (LAST, FIRST, MIDDLE INITIAL): \_\_\_\_\_

**\*\*PLEASE SUBMIT A 4X6 PHOTO WITH YOUR APPLICATION.\*\***

STUDENT EMAIL: \_\_\_\_\_ STUDENT BIRTHDAY/AGE: \_\_\_\_\_

PARENT CONTACT: \_\_\_\_\_ PARENT EMAIL: \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

I AM AUDITIONING FOR:

PLEASE CIRCLE YOUR SELECTION:    **COMPETITION TEAM ONLY**                      **COMPETITION TEAM + NUTCRACKER REMIX**                      **NUTCRACKER REMIX ONLY**

WHY DO YOU WANT TO BE A PART OF THE DANCER'S EDGE COMPETITION PROGRAM AND/OR THE NUTCRACKER REMIX CAST?:

\_\_\_\_\_

LIST PREVIOUS DANCE EXPERIENCE:

\_\_\_\_\_

LIST CURRENT SPECIALTY GROUPS IF APPLICABLE (SOLOS, DUETS, TRIOS, SMALL GROUPS THAT BEGAN IN SUMMER 2022):

\_\_\_\_\_

SELECT THE ADDITIONAL COMPETITION CLASSES YOU PLAN TO ENROLL IN. IN MOST CASES, THESE CLASSES WILL HAVE A DANCE TO COMPETE.

CIRCLE YOUR SELECTIONS:    **COMPETITION HIP-HOP**                      **COMPETITION LYRICAL**                      **COMPETITION POM**                      **COMPETITION TAP**

SELECT THE ADDITIONAL NON-COMPETITION CLASSES YOU PLAN TO ENROLL IN. THESE CLASSES MAY HAVE A PERFORMANCE IN THE SPRING, BUT WILL NOT COMPETE.

CIRCLE YOUR SELECTIONS:    **PRE-POINTE/POINTE**                      **ACRO**                      **MUSICAL THEATER**                      **PRIVATE LESSONS**

THE DANCER'S EDGE COMPETITION TEAMS TRAVEL TO DISNEY WORLD TO PERFORM AT DISNEY SPRINGS AND PARTICIPATE IN WORK SHOPS WITH DISNEY PERFORMERS EVERY THREE YEARS. 2023 IS A DISNEY YEAR! WE WILL BE TRAVELLING TO DISNEY FEBRUARY 9-12, 2023. THIS TRIP IS OPTIONAL.

DO YOU PLAN TO TRAVEL TO DISNEY WITH THE COMPETITION TEAMS? PLEASE CIRCLE YOUR SELECTION:    **YES**                      **NO**                      **UNDECIDED**

*I understand all of these teams are a 1 year commitment. I agree to attend all classes, rehearsals, competitions, and performances to the best of my ability.*

*I, the undersigned parent/guardian of the student listed above, do hereby allow my child to participate in the Dancer's Edge Auditions named above. I understand that in the unlikely event of an injury or illness, there will be an attempt to notify my emergency contact at the phone number above prior to seeking medical treatment and hereby authorize a school official to obtain medical treatment for me for such injury or illness during the auditions. I hereby hold The City of Dexter, The City of Ann Arbor, Dancer's Edge, Musician's Edge, The University of Michigan, Valerie S. Potsos and all representatives harmless in the exercise of authority. I understand that for the teachers to accurately assess my child, they may film using a video camera for teacher purposes only. I allow the teachers to film my child.*

PARENT SIGNATURE/DATE: \_\_\_\_\_

PARTICIPANT SIGNATURE/DATE: \_\_\_\_\_