

**Xtreme Dance Request Form 2008-09**

Dancer Name: \_\_\_\_\_ Audition # \_\_\_\_\_

Please print clearly.

When considering which disciplines you want your dancer to compete in, remember to factor in finances, time, and commitment.

If you do not complete this form on time you will not be placed in any Xtreme routines. Please return to the receptionist on or before **August 1st**.

Your dancer may not be put in every routine you have selected. You may also be placed in routines that you did not select. We will do our best to accommodate your requests.

**Contact information**

	Mom	Dad	Dancer
Name			
E-mail			
Home Phone			
Cell phone			
D.O.B. as of 1/01/09			
Age as of 01/01/09			

**Routine Requests**

Please check all the disciplines you would like to compete in.

	JAZZ	TAP	LYRICAL	HIP HOP
SOLO				
DUO				
TRIO				
GROUP				

In total, how many routines would you like to have your dancer in? \_\_\_\_\_

Duo/ trio Partner requests: \_\_\_\_\_

Solo song requests: \_\_\_\_\_

Solo/ duo/ trio choreographer request: \_\_\_\_\_

Are you interested in participating in the production routine? \_\_\_\_\_

Where would you like to go for nationals this year? \_\_\_\_\_ With which company? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Acknowledgements**

We \_\_\_\_\_ (parent) and \_\_\_\_\_ (dancer) understand and are committed to the Auburn Dance Academy Xtreme policies, rules, and commitment from August 2008 through August 2009. We agree to follow guidelines in the Auburn Dance Academy policy and be a positive addition to the Xtreme family.

Please initial.

\_\_\_ Please include my contact information on the Xtreme parent phone tree.

\_\_\_ I understand that my dancer must have a doctor's physical exam before participating in Xtreme.

\_\_\_ I understand that my dancer's photo may be used in Auburn Dance academy promotional material as well as other dance competitions promotional material.

\_\_\_ I am aware of the financial responsibilities that are associated with Xtreme.

\_\_\_ I am aware of the payment system in place.

\_\_\_ I am aware of the costume and make up requirements for the Xtreme Team.

\_\_\_ I am aware of the weekly time commitment associated with the Xtreme Team.

\_\_\_ I am aware all level five through seven dancers must take master classes on August 7<sup>th</sup> and 8<sup>th</sup> if accepted onto Xtreme Team.

\_\_\_ I am aware that my dancer must participate in the Choreography Camp on August 25<sup>th</sup> through August 28<sup>th</sup>.

\_\_\_ I am aware that January rehearsals are mandatory.

\_\_\_ I am aware that National rehearsals are mandatory.

\_\_\_ I understand that my dancer may be removed from the team if we choose not to follow the Xtreme policy.

\_\_\_\_\_  
Parent's signature and date

\_\_\_\_\_  
Student signature and date

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