

**ALL THAT DANCE, INC.
1st YEAR DANCE COMPANY APPLICATION**

**DANCER
NAME** _____

PARENT(S) NAME(S) _____

ADDRESS _____

HOME PHONE _____ **CELL** _____ **WORK** _____

EMAIL _____ **@** _____

BIRTHDAY _____ **SCHOOL** _____ **GRADE** _____

INTERESTS & ACTIVITES _____

BEING A MEMBER OF COMPANY MEANS _____

MY EXPECTATIONS FOR COMPANY ARE _____

WHAT DO YOU HOPE TO GET OUT OF BEING IN COMPANY _____

I HAVE READ THE POLICIES REGARDING DANCE COMPANY, AND I UNDERSTAND THE COMMITMENT OF TIME AND MONEY THAT IS REQUIRED TO BE A MEMBER OF THE DANCE COMPANY AT ALL THAT DANCE. I UNDERSTAND THAT IF I DO NOT UPHOLD THE STANDARDS OF DANCE COMPANY, THAT I MAY BE PLACED AS AN ALTERNATE MEMBER OR REMOVED FROM THE COMPANY. I UNDERSTAND THAT ALL THAT DANCE COMPANY IS A PHYSICAL ACTIVITY AND I AM TO STAY HEALTHY TO MAINTAIN MY HEALTH FOR MAXIMUM EFFORT IN ALL COMPANY CLASSES, REHEARSALS AND PERFORMANCES. I ALSO UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE COMPANY DIRECTOR IMMEDIATELY OF ANY SCHEDULING CONFLICTS AS SOON AS POSSIBLE.

(Dancer's Signature)

(Parent's Signature)