



## Tryout Agreement Form

**\*Tryouts are open to grades k-6 and will be held at the Northshore Campus on September 1, 2022 in the gymnasium at 4:30pm\***

I (Parent/Guardian Name): \_\_\_\_\_ give my child (Student Name): \_\_\_\_\_ permission to try out for the Dazzling Dolls Dance Team, and certify that I do and/or will meet all of the following requirements:

- On the day of tryouts, students are required to wear all black clothing, with hair pulled back, and proper shoes.
- If selected to serve on the Dazzling Dolls Dance Team, I must remain enrolled in school and, I will maintain grades of 75 or above in all classes. I understand that my failure to meet this requirement will result in my becoming ineligible to participate as a member of the Dazzling Dolls Dance Team. Any extenuating circumstances will be reviewed by the coaches.
- I will attend one of the Tryout Orientation Clinics at the designated time.
- I have no health or physical defects that would hinder my ability to perform as a Dazzling Dolls Dance Team member, or which might cause participation in the Dance Team or be unsafe to my health. If selected I will provide a physician-signed and -administered physical examination, insurance information, and other documentation as requested by Distinguished Gems Dance Company, before the first scheduled Dance Team practice session.
- I understand and recognize that certain risks or harm are inherent, and that there are dangers involved that cannot be fully foreseen, and over which the dance team has no control, which could result in bodily injury or death. I do



hereby waive any and all rights and claims against the Dazzling Dolls Dance Team of RSPA , its Trustees, officers, agents and employees, arising in or out of my participation in the Dazzling Dolls Dance Team of RSPA; and do further agree to indemnify and save harmless the Dazzling Dolls of RSPA, its Trustees, officers, agents and employees of and from any liability whatsoever arising from injuries suffered by me as a participant of the Dazzling Dolls Dance Team of RSPA during events including, but not limited to, competitions, events, camps, practice sessions and travel.

- I further understand and agree that the Dazzling Dolls of Rhodes School of the Performing Arts shall provide only emergency medical treatment for any injuries suffered by me while participating in the Dazzling Dolls of Rhodes School of the Performing Arts, and I assume full responsibility over and above any medical expense.

- Furthermore, I understand and agree that:

Becoming a member of the Dazzling Dolls of Rhodes School of the Performing Arts requires a *MAJOR PERSONAL COMMITMENT* of my non-academic time.

Attendance at practices and at competitions is not excusable by any other non-academic activities, including work.

- I am required to adhere to all rules and regulations specified by the Dazzling Dolls Constitution. I further understand that I am to abide by the rules established for conduct and performance at practices, competition, and special appearances set by the coach.
- I am required to participate in all scheduled practice sessions, team meetings, tryouts, projects, competition, pep rallies, dinners, dance camps, fundraisers and other activities as designated by the coach.
- I understand and accept that failure to meet any of the above items will result in my being ineligible to continue my participation as a member of the Dazzling Dolls.



- I Understand that if awarded membership I am required to Represent Rhodes School of the Performing Arts at all Times on and off campus, and that I must hold up the standards of the team and the institution every day 100% of the time.
- Form should be turned into Ms. Davis on or before August 29th. Failure to do so will result in the student being eligible for tryouts.

*The decision of the judges will be final!*

- I hereby represent that I am 18 years of age or older and am otherwise competent to execute this instrument, or that my legal guardian is also signing this agreement. This agreement is signed as my free and voluntary act, with full knowledge of consent thereof.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_