

**Jefferson Middle School
Dance Team Application**

Student Information:

Name: _____ Student ID: _____

Current School: _____ 2018-2019 Grade Level: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

E-mail: _____ Birthday: _____

Other School Activities or Clubs: _____

Parent(s) Information:

Name: _____

Address: _____

Cell Phone _____ Email _____

Name: _____

Address: _____

Cell Phone _____ Email _____

Medical Information:

Insurance: _____ Policy # _____ Group # _____

Allergies _____

Release

We agree that _____ may participate in the JMS dance team tryouts. We have read the tryout information for the team and understand the financial responsibility and the time required to stay on the team. We understand these conditions and agree to abide by these rules and regulations if selected as a JMS Dance Team member for the 2018-2019 academic year. We also agree to obtain a medical release with a physician's statement of the ability of the undersigned to participate in this type of activity. Understanding the physical requirements and risk involved, we hereby authorize the staff and appointed supervisors of Jefferson Middle School to provide medical attention in the event of any situation requiring such attention. We waive any claim against Jefferson Middle School, its employees, or appointed supervisors for seeking medical attention.

Signed

Date

I give permission for my dancer to be photographed and for pictures to be posted on various social media sites and newspapers. _____