Simply Dance 2024 Prep Week Registration/Audition Form

Dancer Name:	:		
Age:	Rising Grade:	DOB:	
Parent Name:			
Primary Phone	e:		
Address:			
Email Address	: le an email address that ye		
		ASS & AGE GROUP YOU WISH TO A	TTEND:
COMPANY TAP	- \$45.00		
COMPANY JAZZ	2 - \$45.00		
COMPANY HIP	HOP - \$45.00		
TINY'S - Rising 2	2 nd grade		
MINIS - Rising 3	grade		
PETITES - Rising	g 4 th grade		
TWEENS – Risin	ng 5 th grade		
JUNIORS – Risin	ng 6 th grade		
TEENS – Rising	7 th grade		
SENIORS – Risin	ng 8 th , 9 th , 10 th grade		
ELITE – Rising 1	1 th – 12 th grade		
**In exchange for	or my child's voluntary particir	ation with Simply Dance Lagree to the fo	llowing: I recognize that there a

In exchange for my child's voluntary participation with Simply Dance, I agree to the following: I recognize that there are certain inherent rights and risk of injury associated with the activity of dance. I assume full responsibility for any personal injury to my child. I further release and discharge Simply Dance, its employees, instructors, and all affiliated entities for any injury, loss or damages arising out of participation in class and all other activities associated with Simply Dance.

SIGNED: _____ Date _____

PRINT and MAIL FORM WITH PAYMENT TO: Staci Ezzell, 7304 Peacock Rd, Chadbourn, NC 28431