

MERCY VARSITY DANCE TEAM 2020-21 TRYOUT FORM

Name: _____

Grade (fall): 9___ 10___ 11___ 12___

Injuries/Conditions?
(ex. Asthma, Surgery, Anemia):

Dance Experience:

Other Experience:

Candidate Signature: _____ Date: __/__/__

I have agreed to allow my daughter to try-out for the Mercy Varsity Dance Team and certify that my daughter is in good health and capable of participating in all activities. In the event of a medical emergency involving my daughter in which Dance personnel are unable to contact me, I hereby authorize the staff to act for me according to their best judgment, and hereby release, exonerate, and discharge Mercy High School, the Board of Trustees, its officers, employees and agents, and any other people officially connected with this activity, from any and all actions or cause of actions known or unknown for any injuries incurred while at Mercy High School.

Parent/Guardian Printed Name: _____

Signature: _____

Date: __/__/__ Cell Phone # _____