

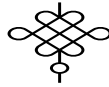


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# DOCC AUDITION PACKET

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DANCERS ONLY COMPETITION COMPANY



## **COMPLETED PACKETS DUE AT AUDITION DATE**

- *DOCC TRYOUT APPLICATION*
- *EMERGENCY CONTACT INFORMATION & HISTORY*
- *TRYOUT/LIABILITY FORM*
- *DANCERS PICTURE & REGISTRATION FEE*

RETURN ALL THE ABOVE COORESPONDANCE TO:  
Dancers Only 4728 Sanford St. Metairie, LA 70006

## DOCC TRYOUT APPLICATION

*If applicant is not the age of 18 or older, the application is to be filled out by the applicant's Parent or Legal Guardian.*

Name of Dancer \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternative Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Does the dancer have prior dance experience?      Yes    or    No

If so, list the years of dance completed \_\_\_\_\_ Competitive dance years completed \_\_\_\_\_

Studio Name/Location \_\_\_\_\_ Years Completed \_\_\_\_\_

Studio Name/Location \_\_\_\_\_ Years Completed \_\_\_\_\_

Is Applicant interested in being a Sub/Alternate for a Routine?      Yes    or    No

### EMERGENCY CONTACT INFORMATION & HISTORY

Name of Emergency Contact \_\_\_\_\_

Relationship to Dancer \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Please list any medically diagnosed joint/muscle problems. If applicable, please include any pre-existing injuries we should know about below: Please submit supporting medical documentation and/or signed medical release forms.

\_\_\_\_\_

\_\_\_\_\_

Please list any medications below:

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Please list any known allergies below:

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Please list all activities/teams the dancer is involved in (including any currently signed contracts/agreements) for the upcoming school year:

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Please list any pre-set vacations and/or mandatory events the dancer will need to attend for the 2024-2025 school year. Please attach any schedules to the back of this application.

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*I certify that these answers are true and complete to the best of my knowledge. If this application leads to a DOCC contract, I understand that false or misleading information in the application may result in immediate release.*

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

## TRYOUT/LIABILITY FORM

During the DOCC Tryouts and/or Preparation Clinics, I will not hold Dancers Only, any guest teachers/choreographers of Dancers Only, the DOCC Director, the DOCC Assistant Director, Dancers Only Faculty/Staff Members, and/or any student of Dancers Only responsible for any injury that might occur. I fully realize and accept that these activities have inherent risks and that I am sufficiently skilled and physically fit to engage in such tryouts or clinics. I acknowledge that I have no physical ailments, injuries, or conditions that would restrict my full participation.

Factors that may determine acceptance of a member participating in the tryouts and/or preparation clinics for the DOCC are: The dancer's behavior and performance, scheduled or scheduling activities conflicting with tryouts and/or preparation clinics, past or present attitude towards DOCC Faculty/Staff Members and other dancers, past and present attendance, the ability to work and get along with other members and the completion of the DOCC Tryout Packet.

The DOCC Director and the DOCC Assistant Directors make the final decisions about any dancer participating in the tryout process and preparation clinics. Judges score sheets are confidential. Score sheets will not be shown to anyone other than the DOCC Director and the DOCC Assistant Director.

I, \_\_\_\_\_, have read and understand the statements above and agree to accept the outcome of the Dancers Only Competition Company tryout process. I understand that the final decision is within the DOCC Director and the DOCC Assistant Director's discretion.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

## **DANCERS PICTURE & REGISTRATION FEE**

Please attach a headshot or picture of Applicant and \$10 registration fee behind your completed application by paperclip.

**Thank you for your Application!!**

**Office Use Only:**

Application Review to be completed by the DOCC Director or DOCC Assistance Director below:

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Application Completed \_\_\_\_\_

Application Approved: \_\_\_\_\_

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### **Auditions:**

#### **Friday, June 28**

- 5:00-7:00pm – Age 10-12
- 7:00-9:00pm - Age 13+

#### **Saturday, June 29**

- 10:00-12:00pm – Age 5-7
- 12:00-2:00pm - Age 8-9