Devilette Tryout Application

Name:
Phone:
Address:
Grade Level For The 24-25 School Year: Date of Birth:
Parent/Legal Guardian:
Phone of Parent/Legal Guardian:
Any medical concerns that the Coaches should be aware of? If so, please list.
What dates will you be out of town or have conflicts with?
Are you currently a member of any club, organization, or team requiring any extra practice?
If so, please list

Tryout Release Form

PARENTAL RELEASE

I hereby give consent to my daughter,	, to tryout for
dancer at Bismarck-Henning Rossville-Alvin Cooperative High School and recogn	ize her
responsibilities and requirements as a leader of her school. I understand that if ch	osen, my
daughter will be required to pay for dance camp and uniforms.	

Signature of Parent/Legal Guardian: _____

Date: _____

Devilette Tryout Interview

- 1. What would you do if a team member had a bad attitude?
- 2. What three characteristics do you feel are most important for team members to possess?
- 3. What motivated you to audition for this team?
- 4. Name one goal you have set for this year.
- 5. Do you have any dance experience? If so, please list how many years and if you have experience dancing with a school dance team or experience with studio dancing.
- 6. What would you like to see implemented in next year's dance program?
- 7. What is something that the dance team did last year that you felt was effective?