



2010 Perkette Dance Team Audition Application

Full Name _____

Date of Birth _____ Height _____ Weight _____

SS Number _____ - _____ - _____ MNum. (If Applicable) _____

(Cell) Phone Number _____

E-Mail Address _____

Classification:

Freshman Sophomore **(As of Next Fall)**

Anticipated Major _____

Where are you currently enrolled in school? _____

Grade Point Average (GPA): _____

Please List ANY/ALL Extracurricular Activities you are involved in:

Please List ANY/ALL Dance Experience in the past 5 years:



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INFORMATION SHEET

NAME: _____ SS# _____

PARENTS/GUARDIAN NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

HOME PHONE NUMBER: _____

HIGH SCHOOL: _____ COACH'S NAME _____

Uniform Sizes
(Circle all that apply)

SHIRT: S M L XL

JACKET: S M L XL

SHORTS/PANTS: S M L XL

SWEATS: S M L XL

TIGHTS: S M L

BRA SIZE : _____

SHOE SIZE: _____

HEALTH INSURANCE COMPANY: _____

INSURANCE POLICY NUMBER: _____

LIST OF ALL PHYSICAL DISABILITES OR LIMITATIONS: _____

ARE YOU ALLERGIC TO ANY TYPE OF MEDICATIONS: _____

IF SO, PLEASE LIST: _____

In case of an Emergency, Contact Information:

NAME _____ RELATIONSHIP: _____

CELL PHONE: _____ HOME PHONE: _____



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* On back of application please list ALL summer plans, commitments, and obligations*

Audition Release and Wavier Liability

I, _____, have completed and submitted an application to audition for the Mississippi Gulf Coast Community College Perkette Dance Team and will participate in the audition/clinic at my own free will. I understand the inherent risk involved with dancing. I have provided personnel with proof of insurance (**a front and back copy of your health insurance card**). I thereby release the college and any college personnel of any and all responsibility for any injuries that may be incurred during said workshops, clinics, and/or auditions.

I also give all personnel associated with the Perkette Dance Team Program permission to view my academic record and information necessary to determine my eligibility to audition and become a member of the 2010 Perkette Dance Team and Band of Gold.

Participants Signature

Parent/Guardian Signature

Date

Date

Emergency Contact Information (during audition/workshop):

Name _____ Phone _____

Please return the following to:

MGCCC Perkette Dance Team
Attn: Jennifer Centola
P O Box 548
Perkinston, MS 39573

- Completed application
- Current MGCCC Student ID
- Proof of insurance (front and back copy of your insurance card)
- Current Photo (i.e. senior picture)