

# **Altamont High School Dance Team**

## **Tryouts 2020-2021**

By signing this form I am allowing my child to participate in the 2020-2021 ACHS Dance Team tryouts. A parent/dancer meeting will be held at a later date to discuss plans and answer any questions about the upcoming season. Thank you for allowing your child to participate. We look forward to having you!

(Please cut and return bottom portion)

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### **2020-2021 Dance Tryout Form**

**Dancer name:**

\_\_\_\_\_

Circle one (according to 2020-2021 school year)

FR.              SOPH.              JR.              SR.

**Dancer Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

As the guardian of the dancer above, I agree to allow him/her participate in the 2020-2021 tryout. I understand that if he/she becomes a member of the 2020-2021 team, the dancer or myself must attend the official team meeting following tryouts.

**Parent/ Guardian Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

PLEASE SCAN OR EMAIL A COMPLETED COPY TO  
[carlydorr92@gmail.com](mailto:carlydorr92@gmail.com) or [emyrk689@gmail.com](mailto:emyrk689@gmail.com)