



## Audition Acknowledgement Form

My child \_\_\_\_\_, has my permission to participate in the Woodrow Dance Company Auditions. I understand that he/she must abide by the rules and regulations set forth by the directors, administrators, and Dallas ISD. I understand that all forms must be completed and submitted before the audition begins. Failure to do so will result in my child being ineligible to tryout. I also understand that my child must attend and stay for the entire audition process. I have read and agree to comply with the rules and regulations of the higher expectations my child will be held to on and off campus.

I will review the estimated costs (once they have been established) and agree to meet all financial obligations requested. I also agree to participate in all fundraising activities.

I understand my son/daughter will be evaluated by professional judges and agree to abide by their decision.

I understand that injuries may occur and that the director(s), administration, the school and the district are not responsible for risk/liability.

I also understand that I may request to view my child's individual scores if I make an appointment. I understand that I may not photograph or ask for a copy of the scoring rubric nor request the judge's information.

Parent Name: \_\_\_\_\_

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

I \_\_\_\_\_ have read the Woodrow Dance Company packet, Dallas ISD Constitution, and Dallas ISD Extra-Curricular Contract. I understand the requirements of being a Woodrow Dance Company member as well as the final date to submit my tryout packet. Furthermore, I understand that if I am selected to be in Woodrow Dance Company I will commit fully to this organization. I will respect the results of tryouts and understand that the judges' decisions are FINAL and not up for debate.

Candidate Name: \_\_\_\_\_ ID #: \_\_\_\_\_

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