



ARMORETTES DANCE AUDITION APPLICATION

First Name: _____ Last Name: _____ Middle Initial: _____

Maiden Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Employer and/or School: _____ Phone #: _____

Occupation: _____

Father's Name: _____ Mother's Name: _____

Parents' Home Phone #: _____

Parents' Address: _____

City: _____ State: _____ Zip Code: _____

In case of emergency contact: _____

EDUCATION:

Name of High School Completed: _____ State: _____ Date: _____

College/ University: _____ Current Year: _____

Major: _____ Minor: _____

Have you graduated? [] yes [] no If yes, when: _____

PROFESSIONAL EXPERIENCE:

Have you ever performed professionally? yes no

If yes, please provide details: _____

List cheer/ dance experience: _____

What do you hope to achieve as a participant for the Armorettes dance team: _____

Will you be able to maintain the image and appearance required as a member of the Armorettes dance team and have reliable means of transportation to all games, community services and events?

YES NO

Signature of Applicant

Date

BY MY SIGNATURE ABOVE, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I REALIZE THAT FALSIFICATION OF AN ANSWER TO ANY QUESTION ASKED ABOVE MAY RESULT IN THE DENIAL OF MY APPLICATION, AND DISCIPLINARY ACTION, IF SELECTED AS A MEMBER OF THE ARMORETTES DANCE TEAM.

HOW DID YOU HEAR ABOUT THE ARMORETTES DANCE TEAM AUDITIONS:

- Radio Which Station? _____
- Television Which Network or Show? _____
- Magazine/ Newspaper Which one? _____
- Internet Which Website? _____
- Fitness Center Which one? _____
- Dance Studio Which one? _____
- Drill/ Dance team Director Who? _____
- College/Sorority Bulletin Board Where? _____
- Friend _____
- Social Media _____
- Other _____

OPTIONS FOR SUBMITTING REGISTRATION FORM:

- Mail to: Springfield Armor
Attn: Dance Team
One Monarch Place, Suite 220
Springfield, MA 01144
- Deliver to Springfield Armor office at above address between 9:00 a.m. and 5:00 p.m. Monday through Friday
- Fax to (413) 746-3262
- Bring to the MassMutual Center the day of auditions

PLEASE BE SURE TO ENCLOSE:

- Completed & Signed Armorettes Dance Team Audition Application
- A \$25 non-refundable Audition fee (Checks can be made payable to “Springfield Armor”)
- Non-Returnable Photo of Yourself (not to be published)

All tryout attendees will be required to sign a waiver and release form at registration the day of the auditions.

For Office Use:

PROCESSING FEE [] CASH [] CHECK [] CREDIT CARD
If credit, circle one: VISA MC AMEX

AGE: _____ HEIGHT: _____ WEIGHT: _____

SHORT SIZE: _____ DANCE SHIRT SIZE: _____
PANT SIZE: _____ JACKET SIZE: _____
PROMO T: _____ UNI SIZE: _____
SHOE SIZE: _____



**2010 – 2011 ARMORETTES
Dance Team Auditions**

Release of Liability/ Personal Injury Waiver

In consideration of the registration of the individual named herein and the opportunity for that individual to voluntarily participate in the 2010-11 Armorettes Dance Team Tryouts:

I, _____ do hereby release and discharge each and every person involved with: The NBA, the NBA Development League, HWS Basketball, LLC, the City of Springfield, the MassMutual Center, Global Spectrum, the Massachusetts Convention Center Authority, sponsors, choreographers, promoters, employees, dancers, partners, relative assigns, or representatives of above fore-mentioned entities, from all manner of action or actions, cause or causes of action, suits, debts, liens, contracts, agreements, promises, liabilities, personal injuries, property damages, claims, rights, obligations, damages, losses and expenses of any nature whatsoever, known or unknown, which I now have or may hereafter have against each or any of the above entities or representatives of above entities, which may result because of my participation in this event. By releasing and discharging claims both known and unknown, I expressly waive any rights I may have.

The undersigned does also hereby authorize medical treatment of said undersigned in the event of injury and does authorize any attending physician to render any and all medical care which said physician deems necessary. The undersigned accepts all liability and financial responsibility for said treatment.

Participant Signature

Date