

WAUKEE DANCE TEAM SOLO SHOWCASE

Don't miss your chance to receive credible judges' critiques before competing at the State Solo Competition

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| <u>Date:</u> | Sunday, October 20 |
| <u>Time:</u> | 1:00-4:00 PM |
| <u>Location:</u> | Waukee High School (Fieldhouse) |
| <u>Showcase Details:</u> | Doors will open at 11:30 AM & Performances will begin at 1:00 PM |
| <u>Cost:</u> | \$20.00 per registered routine & \$5 entrance fee for all non-dancers |
| <u>Music:</u> | Routines should be between 1:30 and 2:00 minutes IF you are competing in ISDTA State Solos. Studio & All-Star soloist do not have a time requirement. Please bring dancer's music either on a CD or on a phone |

Showcase Information:

Dancers are given the opportunity to perform their solo in front of credible judges and receive critiques to help them prepare for State Solos or their competition season. Dancers can enter as many solos as they would like, there will be no limit per dancer. There will be dressing rooms and a warm-up area available for the dancers. After performing, the dancers will receive their critiques from the judges to help in preparing for the start of their season!

To reserve your spot please fill out the information below and return with payment no later than Tuesday, October 15, 2019 . You may also reserve your spot through RevTrack (an additional \$1.00 fee will apply). For mailing: Waukee High School Waukee Dance Team Attention Megan Schaefer 555 SE University Avenue Waukee, Iowa 50263

Dancers Name: _____ Dance Team: _____

Parent Name: _____ Phone Number: _____

Emergency Contact Name & Number:

I agree to allow my child to participate in the Waukee Dance Team Solo Showcase. I hereby authorize the organizers of this event to act for me accordingly, in their best judgment in case of any emergency requiring attention. I assume all risks associated with my child's participation in these events and hereby indemnify the Waukee Dance Team organizers, dancers, parents, volunteers, coaches, team members and the Waukee School District against any and all liability, damages, or causes of action against any and all claims, liabilities, costs and expenses including reasonable attorney fees, arising due to my child's participation in this event including without limitation any personal injuries or illnesses or aggravation to pre-existing injuries which he/she may incur as a result of my child's participation.

Guardian's Signature: _____

Date: _____