



**WNBA Atlanta Dream Dance Team  
Application**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening or cell) \_\_\_\_\_

\*E-mail Address \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Circle One: Full-time Part-time

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_

Supervisor's Phone # \_\_\_\_\_ ext.# \_\_\_\_\_

Length of Time with Present Employer \_\_\_\_\_

Have you ever been a member of another professional cheerleading squad or dance group? Yes No

If yes, what squad? \_\_\_\_\_ when? \_\_\_\_\_

How many years of experience? \_\_\_\_\_ Explain: \_\_\_\_\_

High School Attended: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Year graduated \_\_\_\_\_

List sports/activities in which you participated \_\_\_\_\_

College Attended: \_\_\_\_\_

Attended From: \_\_\_\_\_ to \_\_\_\_\_ year graduated \_\_\_\_\_

List Academic Honors: \_\_\_\_\_

List sports/activities in which you participated: \_\_\_\_\_

How many years of dance training? \_\_\_\_\_

Type of Dance: Modern: \_\_\_\_\_ Jazz: \_\_\_\_\_ Tap: \_\_\_\_\_ Ballet: \_\_\_\_\_

Urban: \_\_\_\_\_ Ballroom: \_\_\_\_\_ Ethnic: \_\_\_\_\_ Other/Explain: \_\_\_\_\_

Have you had voice training? \_\_\_\_\_ Explain: \_\_\_\_\_

Have you performed in public? (e.g., dance, cheer, sing, etc.)

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WOMEN'S NATIONAL BASKETBALL ASSOCIATION  
TRYOUT WAIVER**

The undersigned \_\_\_\_\_, for herself/himself and her/his heirs, personal representatives and/or administrators, hereby forever discharges, releases and holds harmless the Women's National Basketball Association ("WNBA"), all of its teams, all other tryout participants and all of their related companies, partners, affiliates, owners, officers, directors, employees, contractors, successors and/or assigns, from any and all liabilities, claims, demands, costs, expenses, damages, actions or causes of action as a result of any injury (physical or otherwise) that the undersigned may incur or acquire during the course of her/his participation in, involvement with, or attendance at the Atlanta Dream Dance Team tryout (the "Tryout").

This Waiver and Release is given for and in consideration of the opportunity to participate in the Tryout and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged. The undersigned acknowledges that she/he is executing this Waiver and Release with the understanding that it in no way constitutes a contract or an offer of employment between the undersigned and the WNBA or any of its teams, but is only an opportunity to try out for a possible position as a member of the dance team.

I grant full permission to the Atlanta Dream, the Women's National Basketball Association and its Member Teams, WNBA Enterprises, LLC and their respective parents, subsidiaries, affiliates, directors, officers, governors, employees and agents to use my name, nickname, voice, biographical information, photograph, and/or other likeness, however captured, for any purpose (including, without limitation, for advertising, sales, promotional and/or any other commercial purposes), in any media or format now or hereafter known, worldwide and in perpetuity, without further compensation, authorization or notification to me or anyone on my behalf.

The undersigned does hereby agree to waive, release, absolve, indemnify, defend and hold Atlanta Dream and Philips Arena (the "Facility") and its employee's, affiliated associations, organizers, officers, coaches, and officials harmless against any and all claims, demands, costs, and expenses arising out of or in connection with this Agreement, or the use of the Facility, any condition of or other matter relating to the Facility during the term of this Agreement REGARDLESS OF HOW OR WHEN THE CONDITION AROSE AND REGARDLESS OF WHETHER IT AROSE OUT OF ANY ACT, OMISSION, OR NEGLIGENCE, or any other matter relating to the Facilities after the term of this Agreement to the extent such matter arises from a condition that arose during the term of this Agreement or at any other time when the Facility was in the possession or under the control of Renter, or the failure by Renter to perform any of its obligations under this Agreement.

**Dancer's Name (Please Print)** \_\_\_\_\_

**Dancer's Signature** \_\_\_\_\_

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

**Emergency Contact (Please Print)** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Primary Care Physician** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Allergies (Please List)** \_\_\_\_\_

**Other Medical Conditions** \_\_\_\_\_

**\*NOTE-Please bring this completed application and your \$25.00 (cash or money order), NON-REFUNDABLE application fee to the Preliminary Auditions at the Concourse Athletic Club, Sunday, April 18. Registration will begin at 10 a.m. Auditions will begin at 11 a.m.**

**Please attach a NON-RETURNABLE photo and resume (optional) with your application.**

**No food will be provided, so please bring a snack and drink. There will be a short break between the first and second rounds of auditions. Please plan on staying all day as finalists will be announced at the end of the day.**