BINGHAMTON DANCE TEAM

2026-2027 Tryout Waiver

Name:_____ **Cell Phone: (___)**_____

Email:_____**DOB:**_____

Address:_____**City/State:**_____**Zip:**_____

Campus Address: _____

Year (circle): FR SO JR SR

Emergency Contact Information:
Name: _____**Phone:** _____
Relationship:_____

Experience: please list previous experience/# years/evels
Competitive Dance: _____
Club/Team: _____

Waiver of Liability

By signing this participant form, I release Binghamton University and all other parties involved from any claim or responsibility for injuries suffered during Dance Team tryouts. I knowingly assume all risks associated with participation, even if arising from the negligence of the participants or others, and assume Full Responsibility for my participation. I certify that I am in good physical condition and can participate in the Dance Team tryouts. Further, I authorize the site director and/or coach to request medical treatment as necessary to insure my well-being.

Participant's signature_____**Date**_____

List any previous injuries/surgeries that may limit your abilities: _____
_____

Medications/Allergies/Medical Conditions:_____