

LCHS POMs '21-'22 TRYOUT INFORMATION SHEET

| DANCER'S PERSONAL INFORMATION | | |
|-------------------------------|--------------|----------------|
| NAME: | PHONE: | |
| ADDRESS: | ZIP: | |
| OVERALL GPA: | GRADE LEVEL: | DATE OF BIRTH: |
| ADDRESS: | ZIP: | |
| EMAIL: | OVERALL GPA: | |

PARENT/LEGAL GUARDIAN:

| | |
|--------|--------|
| NAME: | PHONE: |
| EMAIL: | |

MEDICAL INFORMATION

| | |
|----------------|-------------------|
| DOCTOR: | DOCTOR PHONE: |
| DENTIST: | DENTIST PHONE: |
| INSURANCE CO.: | POLICY NUMBER(S): |

1. Are you allergic to any medications? YES NO

If so, please list: _____

2. Are you currently taking any medications? YES NO

If so, please list: _____

3. Are you currently being treated for any injuries? YES NO

If so, please list: _____

OTHER INFORMATION

4. Are you currently a member of any club, organization or team requiring extra practice time? YES NO

If so, please list: _____

5. List any honors you have received in school: _____

6. We will be holding practices this summer, are the dates that you will be out of town?

7. Summer Camp will tentatively be held in July. Please list any other obligations that may interfere with attending summer camp.

8. Mandatory practices will be held during the school year from 5:30am-7:30am every Tuesday, Wednesday & Thursday. Is this something you can commit to?
