



Waukee Dance Team

Solo Showcase

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

Date: Saturday, October 13th

Location: Waukee High School

Showcase Details: Doors will open at 7:00am with the performances beginning at 8:30am. Check in will be from 7-8am.

Cost: \$15 per registered routine, \$5 entrance fee for all non-dancers

Music: Routines should be between 1:30 and 2:00 minutes, please bring dancer's cut 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. Dance Teams can enter as many solos as they would like, there will be no limit per team. 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 State Solos in November.

To reserve your spot please fill out the information below and return with payment no later than September 21st. You may also reserve your spot through RevTrack (an additional \$1.00 fee will apply). 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 out 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:** _____