



2018-2019 Dallas Sidekicks Dancers Application-Auditions September 30, 2018

Personal Information

First Name _____ Last Name _____ Middle Name _____

Home Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Email Address _____

Social Security # _____ Date of Birth ____/____/____ Age _____

Height _____ Weight _____ Hair Color _____ Marital Status _____

Driver License # _____ State ID
Issued _____

Home town you grew up in _____

Emergency Contact Information

Name (Relationship) _____ Phone # _____

Alternate Name and Number of someone that can be reached during auditions:

Name _____ Phone # _____

Employment and Education

Employer _____ Work Phone _____

Occupation _____ **Full or Part Time**

Supervisor's Name _____ Work Phone _____

Name of High School _____ State _____ Date Graduated _____

College/University _____ Current Year _____

Major _____ Minor _____

Have you graduated? **Yes No** If yes, when? _____

If still attending school, what are you training to be when you enter the work

force _____

Related Experience

Have you ever performed professionally? **Yes No**

If yes, when _____ Where _____

Do you have any performance experience? **Yes No**

If yes, When _____ Where _____

Have you ever been on a professional/collegiate dance team? **Yes No**

If yes, When _____ Where _____

Criminal History

Have you ever been convicted of an offense? **Yes No**

If yes, give specific details in each incident.

Offense _____ Date _____ Disposition _____

Awards/Talents/Interests

Do you have any scholastic, athletic, or extracurricular achievements or talents that you would like to share with us?

Describe yourself in three words _____

What are your hobbies and interests? _____

Where do you see yourself in five years? _____

What is one lifetime goal you would like to accomplish? _____

If chosen for the 2014-15 team, what do you think your contribution would be? _____

Please list two references (other than family) that we may contact

Name _____ Affiliation _____ Contact _____

Name _____ Affiliation _____ Contact _____

What would you like us to know about you that is not included on this application? _____

**APPLICATION MUST BE RECEIVED BY MAIL BY
September 26, 2018**

**to pay the “Early-Bird” Application Fee of \$25
“Day-of” Application Fee is \$35**

Hand-deliver or mail to:

Dallas Sidekicks Professional Indoor Soccer
400 N Allen Dr. Suite 302
Allen, TX 75013

Please Include:

- **Completed and signed Dallas Sidekicks Dancers Application**
- **Signed “Waiver and Release “ Form**
- **Non- returnable photograph of yourself for identification purposes during audition process**
- **Early Registration-\$25.00 non-refundable application processing fee (cash or check only) please-check payable to Dallas Sidekicks Professional Indoor Soccer. Day-of Registration application processing fee is \$35**

Signature_____ **Date**_____



Dallas Sidekicks Dancers Waiver and Release

The undersigned requests that she be allowed to demonstrate her skill and ability as a contestant during the auditions for the Dallas Sidekicks Dancers. In consideration of being afforded such opportunity, the undersigned hereby assumes the risk of injury inherent in such activity and waives any claim for damages of any kind, including serious injury, against the Dallas Sidekicks Dancers, Dallas Sidekicks and the Major Arena Soccer League and personnel for any injuries that may be sustained by the undersigned during such demonstration.

In recognition of the media coverage of the Dallas Sidekicks Dancers and applicants thereto, the undersigned grants the Dallas Sidekicks, Dallas Sidekicks Dancers and the Major Arena Soccer League and its licensees her permission and authority to use her name, voice, picture, and likeness in connection with any and all publications, media, broadcasts, promotional photographs, promotional posters, commercial products, including but not limited to calendars, team pictures, T-shirts, and any other commercial items with no further compensation to applicant.

In further consideration of the Dallas Sidekicks allowing the undersigned to audition for the Dallas Sidekicks Dancers, and in the event the undersigned is offered employment to become a member of the Dallas Sidekicks Dancers, she hereby understands and agrees that as a condition of employment, she must sign the standard Dallas Sidekicks Dancers agreement and provide written authorization under the Fair Credit Reporting Act for the Dallas Sidekicks to conduct a background check.

The undersigned understands and agrees that the Dallas Sidekicks and/or its authorized agents may conduct one or more background checks to obtain information about her current and past employment, education, activities, character, reputation, personal characteristics (including age), and mode of living, including, but not limited to, academic, residential, achievement, performance, conduct, disciplinary, attendance, criminal, credit and driving records, from various federal, state and local government, law enforcement, and motor vehicle agencies, consumer reporting agencies, previous employers, schools, companies, corporations, partnerships and other entities or persons. This information will be used to evaluate the undersigned as an applicant for employment and, if hired, for any other employment purpose. The undersigned further authorizes any person, entity or agency contacted by the Dallas Sidekicks or its authorized agents to furnish

the above-mentioned information. If a background check reveals that the undersigned has provided inaccurate information or omitted information on the Dallas Sidekicks Dancers application, then it may result in the rejection of her application or, if already employed, in the termination of her employment.

The undersigned recognizes and understands that she may be drug tested with or without notice and will be released from the Dallas Sidekicks Dancers if positive test results occur. By signing the Dallas Sidekicks Dancers Waiver and Release, the undersigned warrants that she is at least eighteen (18) years of age.

Date: _____

Print Name

Signature