



# Indiana University Southeast

## Red Edition Dance Team Tryouts

Name: \_\_\_\_\_ SID#: \_\_\_\_\_

I certify that I do and/or will meet all of the following requirements:

1. I have been unconditionally accepted for admission to Indiana University Southeast. I am not on academic or disciplinary probation. I understand failure to meet above requirements will result in my being ineligible to try out.
2. If selected to serve on the Dance Team, I will remain in good standing with the University while enrolled in and completing at least three (3) credit hours to participate on the team and nine (9) credit hours to participate in Nationals. I understand failure to meet this requirement will result in my becoming ineligible to participate with the Dance Team.
3. I will attend the Dance Team Tryouts at the designated time.
4. I have no health or physical defects that would hamper my ability to participate in the Dance Team or be unsafe to my health.

I understand and agree that:

1. Becoming a member of the Dance Team requires a **MAJOR PERSONAL COMMITMENT** of my non-academic time. Attendance at practices and at games is not excusable by any other non-academic activities, including work.
2. I am required to adhere to all rules and regulations specified by the Dance Team. I further understand I am to abide by the rules established for conduct and performance at practices, games, competition, and special appearances set by the coaches at the beginning of the season.
3. I am required to participate in all scheduled games, practices, team meetings, tryouts, pep rallies, projects, competitions, dinners, dance camps, fundraisers, and/or other activities as designated by the coaches.
4. I must meet all of the academic requirements and remain in good standing with the university. Failure to do so will result in my being ineligible to continue my participation as a member of the IU Southeast Dance Team.
5. Becoming a member of the IU Southeast Dance Team is a commitment to all athletic and community activities as approved by the coach.

I understand and accept that failure to meet any of the above will result in my being ineligible to continue my participation as a member of the IU Southeast Red Edition Dance Team

I accept and understand that as many as 1-20 member(s) can be selected. ***The decision of the coaches will be final!***

I, the undersigned, acknowledge I am 18 years of age or older and have the capacity to legally enter into a contract, or have obtained the signature of my parent or legal guardian. In exchange for the right to participate in any and all activities of the Indiana University Southeast Dance Program, I:

1. hereby release and discharge Indiana University, its officials, representatives, employees, and trustees acting in their capacity within the University, and any and all sponsors of the Red Edition Dance team of/from ANY AND ALL LIABILITY, CLAIMS, DEMANDS, CAUSES OF ACTION, LOSS, DAMAGE, OR INJURY to person or property, including serious injury and/or death which may result while preparing for or participating in the above event.
2. recognize that participating in dancing is physically demanding and an inherently dangerous activity. I am aware of the risk of injury from participating in this event and hereby voluntarily elect to participate in the activities related to these events.
3. recognize it is the intent of the parties for this release to be binding upon the heir(s), next of kin, executor(s), distribute(s), and administrators of the undersigned.
4. have read the waiver and release from liability and understand that it is a full and complete unconditional release from and waiver of liability for ANY injury I suffer.
5. freely and willingly sign this document.

All participants are encouraged to discuss the risks of participation and this waiver form with their parents. If there are any questions, the participant or their parents are encouraged to call the Athletic Director at 812-941-2177.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Under 18 Parent/Guardian Signature: \_\_\_\_\_

Please provide an emergency contact and any appropriate medical information:

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_



# Indiana University Southeast Red Edition Dance Team Application

NAME: \_\_\_\_\_ SID#: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

HIGH SCHOOL ATTENDED: \_\_\_\_\_

UNIVERSITY ATTENDED (if not IU Southeast): \_\_\_\_\_

CURRENT CLASS STATUS: (check one)

HIGH SCHOOL SENIOR	_____
COLLEGE FRESHMAN	_____
COLLEGE SOPHOMORE	_____
COLLEGE JUNIOR	_____
COLLEGE SENIOR	_____

PREVIOUS EXPERIENCE (DANCE TEAM, DRILL TEAM, STUDIO, CHOREOGRAPHY, CHEERLEADING):

\_\_\_\_\_  
\_\_\_\_\_

INJURIES: \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES: \_\_\_\_\_

ARE YOU EMPLOYED? YES \_\_\_ NO \_\_\_ IF YES, NUMBER OF HOURS PER WEEK? \_\_\_\_\_

WHY DO YOU WANT TO BE ON THE IU SOUTHEAST RED EDITION DANCE TEAM?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AUTHORIZE THE IU SOUTHEAST RED EDITION DANCE TEAM HEAD COACH TO VERIFY I HAVE BEEN UNCONDITIONALLY ADMITTED TO THE UNIVERSITY AND TO VERIFY ANY OF THE ABOVE INFORMATION. IF I AM CHOSEN AS A MEMBER OF THE DANCE TEAM, I AGREE TO ABIDE BY THE RULES OF THE DANCE TEAM. I ALSO AGREE TO PRACTICE AND PERFORM WITH 110% OF MY ABILITY IN ORDER TO MAKE THE DANCE TEAM THE BEST IT CAN POSSIBLY BE. I FURTHER AGREE TO MAKE THE COMMITMENT TO BEING A MEMBER OF THE TEAM FOR THE ENTIRE DANCE TEAM YEAR.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

UNDER AGE 18 PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_