

USI Dance Team

2012-2013

Application Packet

- 1. Application Form**
- 2. Rules & Regulations**
- 3. Release Form**
- 4. Parent's Insurance Form**
- 5. Medical History Questionnaire**
- 6. Athletic Physical Exam Form**
- 7. Emergency Contact Information Form**

**UNIVERSITY OF SOUTHERN INDIANA
DANCE TEAM APPLICATION**

NAME: _____ SID#: _____

PARENT'S NAME: _____ EMAIL: _____

ADDRESS: _____ APT#: _____

CITY: _____ ST: _____ ZIP CODE: _____

PHONE NUMBER: (____) _____ GPA: _____ AS OF ____/____/____

HIGH SCHOOL ATTENDED: _____

UNIVERSITY ATTENDED (if not USI): _____

CLASS STATUS: (check one) HIGH SCHOOL: SENIOR _____ COLLEGE: FRESHMAN _____

COLLEGE SOPHOMORE _____ COLLEGE JUNIOR _____ COLLEGE SENIOR _____

PREVIOUS PERFORMANCE EXPERIENCE (DANCE/DRILL TEAM, STUDIO, CHOREOGRAPHY,
CHEERLEADING, ETC.): _____

INJURIES: _____

EXTRACURRICULAR ACTIVITIES: _____

ARE YOU EMPLOYED? YES _____ NO _____ IF YES, WHERE AND NUMBER OF HOURS PER
WEEK? _____

WHY DO YOU WANT TO BE ON THE USI DANCE TEAM?: _____

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

SIGNATURE: _____ DATE: _____
UNDER AGE 18

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

UNIVERSITY OF SOUTHERN INDIANA

DANCE TEAM - TRYOUTS

Name: _____ Student ID#: _____

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

1. My academic standing and GPA will be verified by the USI Dance Team Coach. My high school or collegiate cumulative GPA is 2.0 or above, and I have been unconditionally accepted for admission to the University of Southern Indiana. I am not on academic or disciplinary probation. I understand that failure to meet any of the above requirements will result in my being ineligible to try out.
2. If selected to serve on the USI Dance Team, I will maintain a 2.0 semester and cumulative GPA and will remain in good standing with the University while enrolled in and completing at least nine (9) academic hours. I understand that my failure to meet this requirement will result in my becoming ineligible to participate as a member of the USI Dance Team. Any extenuating circumstances will be reviewed by the USI Dance Team Coach and the Dean of Students.
3. I will attend one of the Tryout Orientation Clinics at the designated time.
4. I have no health or physical defects that would hamper my ability to perform as a USI Dance Team member or which might cause participation in the Dance Team or be unsafe to my health. If selected I will provide a physician-signed and -administered physical examination, insurance information, and other documentation as requested by USI, before the first scheduled Dance Team practice session.

I understand and recognize that certain risks of harm are inherent and that there are dangers involved that cannot be fully foreseen and over which the University has no control, which could result in bodily injury or death. I do hereby waive any and all rights and claims against the University of Southern Indiana, its Trustees, officers, agents and employees, arising in or out of my participation in the USI Dance Team; and do further agree to indemnify and save harmless the University of Southern Indiana, its Trustees, officers, agents and employees of and from any liability whatsoever arising from injuries suffered by me as a participant of the USI Dance Team during events including, but not limited to, athletic games, events, camps, practice sessions and travel.

I further understand and agree that the University of Southern Indiana shall provide only emergency medical treatment for any injuries suffered by me while participating in the USI Dance Team, and I assume full responsibility over and above any medical expense not provided by insurance.

Furthermore, I understand and agree that:

1. Becoming a member of the USI 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 USI Dance Team Constitution and the USI Student Code of Conduct. I further understand that I am to abide by the rules established for conduct and performance at practices, games, competition, and special appearances set by the coach at the beginning of the season.

3. I am required to participate in all scheduled games, practice sessions, team meetings, tryouts, projects, competition, pep rallies, dinners, dance camps, fund raisers and other activities as designated by the coach and Dean of Students Office.

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 USI Dance Team.

5. Becoming a member of the USI Dance Team is a commitment to all athletic and community activities as approved by the coach and Dean of Students.

I understand and accept that failure to meet any of the above items will result in my being ineligible to continue my participation as a member of the University of Southern Indiana Dance Team I accept and understand that as many as 1 – 20 member(s) can be selected.

The decision of the judges will be final!

I hereby represent that I am 18 years of age or older and am otherwise competent to execute this instrument, or that my legal guardian is also signing this agreement. This agreement is signed as my free and voluntary act, with full knowledge of content thereof.

Signature: _____ Date: _____

Under 18
Parent/Guardian: _____ Date: _____

Please provide an emergency contact and any appropriate medical information:

Emergency contact name: _____ Phone: _____

Physician's name: _____ Phone: _____

BASIC RULES AND REGULATIONS FOR THE USI DANCE TEAM

The Dance Team is a very big commitment and must come first before all other extra-curricular activities. (Sororities, clubs, work, etc.)

1. If you are unable to make a practice due to a reasonable excuse (coach will determine if excusable), you must contact the coach or captain prior to the absence. If you do not contact either the coach or captain, you may be suspended from the team indefinitely.
2. You are allowed only (3) three absences from practice. The first two absences will result in a warning, and the third will result in a dismissal from the squad.
3. An unexcused absence from a game will result in suspension from the team.
4. Sickness is excused from practice, game, competition, and/or special event at the coach's discretion.
5. Arriving 10 minutes late to practice, game, competition, and/or special event will be assessed an absence.
6. If a member misses a practice before a performance they will not be allowed to perform.
7. If a member is absent they are required to learn the material before the next practice. If the material is not learned, they will not be able to perform.
8. You are expected to give 110% during practice, as well as a game. If you are unable to meet this requirement, you will be replaced.
9. You are expected to have a positive attitude at all times. If you are unable to meet this requirement, you will be replaced.
10. Practices will include warm-ups, technique, dance and conditioning. All are important aspects of a university dance team and will be required for all members.
11. Excessive socialization (as determined by the coach and/or captain) during practices will result in some form of conditioning.
12. Excessive socialization (as determined by the coach and/or captain) during a game is inexcusable. The first offense will result in a warning, and the second will result in a one game suspension.
13. Practice during the summer is mandatory for all members.
14. Practice during Christmas Break (after January 1) is mandatory for all members to prepare for UDA National competition.
15. All dance team members are required to attend and participate in UDA National Competition.
16. Collegiate Dance camp is mandatory for all team members. The only exception will be for those who are attending summer school. **WORK IS NO EXCUSE!!**
17. If you have long hair, it must be in a ponytail and pulled away from your face at all times.
18. No jewelry is to be worn at any time during any dance team event (practices, games, competitions or special appearances).
19. Gum chewing will not be allowed during any dance team event or practice.
20. Grades – you must maintain a 2.0 semester and cumulative GPA to be a member of the USI Dance Team.

21. Each member is required to register and successfully complete at least 9 credit hours each semester.
22. Grade sheets will be given out at random times during the semester to help maintain the academic standard of the team. You will be responsible for having your professors fill out the forms. If the forms are not turned in at the required time, it will result in some form of conditioning.
23. Fundraisers are a part of the season. You are expected to attend and take part in all fundraising activities.
24. Each member is expected to participate in the 1 hour conditioning program prior to practice. A fitness program will be designed for each individual member. If you miss the conditioning program prior to practice it will be considered one of your (3) allowed absences, unless determined excusable by the coach.
25. If you are given the opportunity to choreograph a routine it must be done at the scheduled time. This also includes having completed formations and music. If not, you will be taken off that dance and not be given the opportunity to help choreograph again.
26. If required activities are not done or turned in on time it will result in some form of conditioning.
27. The coach reserves the right to hold a tryout before each performance to evaluate the routine of all members. If members are not ready they will not be allowed to perform the routine.

The coach reserves the right to change these rules and regulations at any time.

The coach's decision is final!!!!!!

I UNDERSTAND AND AGREE TO FOLLOW ALL OF THE RULES AND REGULATIONS OF THE USI DANCE TEAM. I UNDERSTAND THAT NOT ABIDING BY THESE RULES AND REGULATIONS COULD RESULT IN DISMISSAL FROM THE SQUAD.

PRINT NAME

SIGNATURE

DATE

PARENT'S INSURANCE FORM School Year _____

Athlete's Name _____ **Student ID#** _____
Sport _____ **School** _____

Dear Parent:

Our athletic accident policy, which provides insurance for your son or daughter for injuries occurring while participating in the play or practice of intercollegiate sports is 'EXCESS' or 'SECONDARY' to any other collectible group insurance benefits. This means that any claim for benefits must first be filed with the group insurance company providing coverage to your son or daughter through your employer or your spouse's employer. After they have paid all available benefits, our athletic insurance company will consider remaining amounts based on USUAL and CUSTOMARY charges.

WE, AS THE SCHOOL, **DO NOT HAVE THE OPTION OF WAIVING THE REQUIREMENT OF FILING WITH YOUR GROUP INSURANCE. PLEASE NOTE:**

1. Most employers' group insurance allows dependent coverage to be continued to age 25 if the dependent is a full-time student. **DO NOT** drop dependent coverage while your son or daughter is participating in intercollegiate athletics.
2. Claims against your group insurance plan **DO NOT** increase your individual insurance premiums.

THE FOLLOWING INFORMATION AND AUTHORIZATION MUST BE FULLY COMPLETED, SIGNED AND RETURNED; please circle the individual listed as the insured on your primary/personal plan and complete all requested information..

Father/Guardian/Spouse/Self (circle one) Date of Birth: _____

Name _____ Social Security # _____

Home Address _____

Employer's Name _____

Employer's Address _____

Home Telephone # _____ Work Telephone # _____

Name of Group _____

Insurance Company _____ Group # _____ Policy # _____

Mailing Address for Claims _____ Telephone # _____

IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? YES _____ NO _____

Does your insurance require: A second opinion for surgery? YES _____ NO _____ Is your primary insurance an HMO? YES _____ NO _____

Pre-authorization for services? YES _____ NO _____ Is your primary insurance a PPO? YES _____ NO _____

Mother/Guardian/Spouse/Self (circle one) Date: of Birth: _____

Name _____ Social Security # _____

Home Address _____

Employer's Name _____

Employer's Address _____

Home Telephone # _____ Work Telephone # _____

Name of Group _____

Insurance Company _____ Group # _____ Policy # _____

Mailing Address for Claims _____ Telephone # _____

IS YOUR DEPENDENT SON/DAUGHTER COVERED UNDER THE ABOVE POLICY? YES _____ NO _____

Does your insurance require: A second opinion for surgery? YES _____ NO _____ Is your primary insurance an HMO? YES _____ NO _____

Pre-authorization for services? YES _____ NO _____ Is your primary insurance a PPO? YES _____ NO _____

_____ I hereby authorize a claim to be filed on my behalf under the above group medical policy in the event an athletic injury is sustained by _____.

_____ My son/daughter is **NOT** covered under my group insurance.

I hereby certify that the answers provided are true, complete and correct to the best of my knowledge. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date _____ **Signature of Parent/Guardian/Self** _____

**SCHOOL YEAR: _____ UNIVERSITY OF SOUTHERN INDIANA
ATHLETIC TRAINING
MEDICAL HISTORY QUESTIONNAIRE**

Please answer every question below. This will enable us to serve you better, know more about your medical background, as well as give you the best possible medical care and continuation of service. If the space provided to answer questions is not adequate, attach a sheet with additional information.

PLEASE PRINT

Name _____ Student ID # or SS # _____

Last/Family First Middle/Maiden

Sex M F Date of Birth _____ USI Participation Year 1 2 3 4 5

Home Address _____ Home Phone # _____

Street

City

State

Zip

Campus Address _____ Campus Phone # _____

Marital Status _____ Height _____ Weight _____

Candidate for Sport(s) _____

YEAR OF LAST TETANUS SHOT _____

Do you regularly take prescription or non-prescription medication? If yes, please list medication and reason.

Medication _____ Reason _____

Medication _____ Reason _____

RECOGNITION OF MEDICAL AUTHORITY

In the event of injury to the undersigned student while he or she is a athlete at the University of Southern Indiana, we hereby recognize the authority of the team physician to determine the athlete's playing status with regards to his or her injury. By signing this statement the athlete does not surrender his or her right to seek additional medical opinions.

Dated this: _____ day of _____ 20_____

STUDENT: _____

Signature

PARENT/
GUARDIAN: _____

Signature

Without signed recognition of medical authority students will receive only emergency care from the athletic trainers.

IN CASE OF EMERGENCY, PERSON TO NOTIFY:

Name: _____ Relationship: _____ Phone# _____

HOME PHYSICIAN, HEALTH CLINIC OR FACILITY: Name: _____

Phone # _____

Existing Medical Conditions: _____ Allergies: _____

If answer is yes to any of questions 4-26, list dates and nature of problem on an attached sheet.

YES NO

- ___ ___ 1. Do you wear eye glasses or contact lenses? If yes, which? Eyeglasses ___ Contacts ___
Do you wear them during athletic participation? Yes No
- ___ ___ 2. Are the pupils of your eyes unequal in size? If so, which is larger? R L
- ___ ___ 3. Do you wear any dental appliance? If answer is yes, underscore appropriate appliance:
permanent bridge, permanent crown or jacket, removable partial or full plate.
- ___ ___ 4. Have you had hepatitis during the past three (3) years?
- ___ ___ 5. Have you been treated for mononucleosis, or vital pneumonia during the past three years?
- ___ ___ 6. Have you been treated or informed by a physician that you have had scarlet fever or rheumatic fever?
- ___ ___ 7. Have you been told that you have a heart murmur?
- ___ ___ 8. Have you had any illness requiring bed rest of one week or longer during the past year?
- ___ ___ 9. Have you been "knocked out" or experienced a concussion? If so, were you hospitalized overnight?
- ___ ___ 10. Have you had a jammed neck, pinched nerve, whiplash, or severe headache?
- ___ ___ 11. Do you have a serious disability or impairment function?
- ___ ___ 12. Have you had a broken bone (fracture) or a joint dislocation?
- ___ ___ 13. Have you had a shoulder injury that incapacitated you?
- ___ ___ 14. Have you experienced a severe elbow injury?
- ___ ___ 15. Have you had a knee injury with severe swelling, or been told that you injured knee ligaments, knee cartilage or that you have a trick knee?
- ___ ___ 16. Have you experienced a severe sprain of either ankle?
- ___ ___ 17. Have you had surgery? Do you have a pin, screw, or plate somewhere in your body as a result of surgery? _____
- ___ ___ 18. Have you ever failed to have surgery which was recommended by your physician?
- ___ ___ 19. Have you had an injury to your back? Do you think your back is weak? _____
- ___ ___ 20. Do you experience pain in your back? If yes, indicate frequency by underscoring the appropriate answer: seldom, occasionally, frequently
- ___ ___ 21. Have you been hospitalized for non-surgical reason?
- ___ ___ 22. Have you been advised by a medical doctor not to participate in sports?
- ___ ___ 23. Are you allergic to any substances? example: medication, foods, insects
Please list: _____
- ___ ___ 24. Are you prone to any conditions such as blisters or shin splints?
- ___ ___ 25. WOMEN - Do you experience problems with menstruation? Yes No
- ___ ___ 26. Do you have an intense fear of gaining weight? Yes No

Have you had or do you now have any emotional or medical problem not mentioned in this questionnaire?

Please specify problem, date and treatment. _____

UNIVERSITY OF SOUTHERN INDIANA ATHLETICS PHYSICAL EXAM
SCHOOL YEAR: _____

NAME: _____ **SPORT:** _____

SEX: _____ **BIRTH DATE:** _____

HEIGHT: _____ **WEIGHT(lbs) :** _____ **PULSE:** _____ **Blood Pressure:** _____

VISION: Are corrective lenses worn? Y _____ N _____

R _____ L _____ B _____ (with corrective lenses in) Pass _____ Needs further evaluation _____

Comments:

GENERAL SCREENING

SYSTEM	NORMAL	ABNORMAL	COMMENTS
EYES			
EARS/NOSE/ THROAT			
HEAD/NECK			
LYMPHATICS			
THORAX			
ABDOMEN			
HEART			
LUNGS			
HERNIA			
NEURO			
OTHER			

PARTICIPATION LEVEL (please check one)

_____ **PASS (full, unlimited participation)**

_____ **LIMITED** reason and limitations: _____

_____ **FAILED (no participation)** reason: _____

PHYSICIAN NAME (please print) _____

PHYSICIAN SIGNATURE _____ **DATE** _____

ORTHOPEDIC SCREENING

BODY PART	NORMAL	ABNORMAL	COMMENTS
NECK			
SHOULDERS			
ELBOW/WRIST/ HAND			
UPPER BACK			
LOWER BACK			
HIPS			
KNEES			
ANKLES			
FEET			
OTHER			

FLEXIBILITY (please note if normal or abnormal and note any deficits in space given)

UPPER EXTREMITIES:

LOWER EXTREMITIES:

PARTICIPATION LEVEL (please check one)

PASS (full, unlimited participation)

LIMITED reason and limitations: _____

FAILED reason: _____

PHYSICIAN NAME (please print) _____

PHYSICIAN SIGNATURE _____ **DATE** _____

EMERGENCY INFORMATION CARD

SCHOOL YEAR _____

STUDENT/ATHLETE NAME _____ DATE OF BIRTH _____

CAMPUS PHONE # _____ CELL PHONE # _____

IN CASE OF EMERGENCY, PERSON TO NOTIFY

NAME _____ RELATIONSHIP _____

TELEPHONE # _____

PRIMARY INSURANCE PERSON'S NAME _____

RELATIONSHIP _____

INSURANCE COMPANY _____

POLICY # _____ GROUP # _____

SECONDARY INSURANCE PERSON'S NAME _____

RELATIONSHIP _____

INSURANCE COMPANY _____

POLICY # _____ GROUP # _____

YEAR OF LAST TETANUS SHOT _____

EXISTING MEDICAL CONDITIONS _____

ALLERGIES _____

REGULAR MEDICATIONS _____

ACKNOWLEDGEMENT FORM

By my signature, I confirm that I have received, read, understand, completed, and will abide by the information and requirements listed in the following documents which have been provided to me as a member of the University of Southern Indiana Dance Team:

- Dance Team Rules and Regulations
- Dance Team Application
- Dance Team Release Form

I understand that the following forms must be completed with the requisite signatures and returned to the Dean of Students Office before I will be allowed to practice or perform with the Dance Team:

- Emergency Card
- Medical History Form
- Physical Form
- Insurance Information Form

Printed Name

Signature

Date