

**ENDICOTT COLLEGE
DANCE TEAM TRY-OUT APPLICATION**

Please print out a copy for yourself

Name: _____ Social Security # _____

Home Address: _____ School Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone # _____ Phone # (cell) _____

Email address: _____ Student I.D. # _____

Age: _____ Birth date: _____ Height: _____

Sex: () Male () Female

Employer: _____ Hours per week you work: _____

Work Phone # _____

Are you currently enrolled at Endicott College? () yes () no

If yes, Year: () FR () SO () JR () SR Major: _____ GPA: _____

If no: Have you been accepted for the fall semester? () Yes () No

Graduation Year _____ GPA: _____

Extracurricular Activities _____

Recent Academic Reference (i.e. teacher name and number) _____

Cheerleading, dance and/or gymnastics
experience _____

Why are you trying out for The Dance Team?

How did you hear about The Dance Team? _____

Do you agree to the time commitments involved, including, but not limited to, three 2 ½ -hour practices per week attending events stipulated by the coach and captains you are selected for, plus attending mandatory promotional events?

() Yes () No

WAIVER STATEMENT - I understand that The Dance Team has an inherent danger in participation, and that in spite of all precautions and accident preventatives, injuries do occur. I intend to be legally bound and do, hereby, for myself, my heirs, executors, and administrators, waive, release and forever discharge all claims which I may accrue Endicott College, and any of its employees for any and all injuries suffered by me while participating in The Endicott College Dance Team try-outs and auditions.

I have read and agree to abide by the 2006-2007 Dance Team guidelines. Also, attached is a recent head photo.

Signed: _____ Date: _____