

ECU Dance Team Try-out Packet
PLEASE READ ENTIRE PACKET!!!!!!

MANDATORY INTEREST MEETING

TUESDAY APRIL 13th @ 4:30

Location: TBA

SPRING TRYOUTS

FRIDAY APRIL 23RD @ 4:30 - 9

LOCATION: TBA

Requirements for Spring Team 2010

- You must be a full time student as of January 1, 2010, 12 credit hours, and have a Fall 2009 GPA of 2.0 or higher.
- Spring team will have a mandatory meeting Monday April 26TH @ 4:30
- Spring team will also be required to return for practice on July 28th and attend UDA camp July 29th – August 1st.
- Spring team will be required to return to school in early August to participate with fall tryouts and attend NDA camp.
- Spring Team members will be required to pay \$240.00 for camp.

Before Trying Out:

- Complete and return
 - Tryout Application
 - Signed Contract
 - Tryout Waiver Form
- ALL forms must be returned to:

Kristin W. Jeffries
East Carolina University
118 Scales Field House
Greenville, NC 27858

-OR-

Fax: 252-737-1414

Attn: Kristin W. Jeffries; ECU Dance Team

Forms are due BEFORE 12:00 Noon Friday April 16th

ANYONE NOT COMPLETING AND RETURNING BOTH FORMS WILL NOT BE ELIGIBLE TO TRYOUT FOR THE ECU DANCE TEAM.

What to wear and bring to Tryouts:

- Dancers should wear tight fitting clothing. Black tight pants or tights are preferred with a sports bra top.
- Wear appropriate shoes including dance sneakers, jazz shoes and/ or tennis shoes.
- Do not wear baggy clothes or excessive jewelry.
- Make sure to bring plenty of water and a few snacks.

What is expected of an ECU Dance Team Member?

- Being on an athletic team at the collegiate level comes with great privileges as well as a lot of responsibility.
- Dancers must conduct themselves in a manner that represents the University, the team and themselves as young ladies at all times.
- All Dance Team members must maintain a minimum 2.00 GPA each semester.
- There is a large time commitment to the dance team. The team will practice 3 times per week, have strength and conditioning work out sessions, perform at home football games, perform at Men's and Women's home Basketball games, home Baseball games and will be expected to make several community appearances throughout the year.
- The time commitment may also be expected on weekends and Holidays (Thanksgiving, Winter/Spring Breaks and Summer)

If there are any questions call Kristin at (252) 737-4512 or e-mail at winsteadkr@ecu.edu in the subject please indicate ECU Dance Team.

I appreciate your consideration and interest in the East Carolina University Dance Team. Good luck! ☺

REQUIREMENTS

Required technical elements include but are not limited to a series of high kicks, triple pirouette, a la seconde leap, switch leap, toe touch and 2 – eight counts of fouette turns.

Four components of tryouts: Technical skills demonstration, spirit demonstration, performance of routine with pom, jazz and hip hop as well as an interview.

Tryout Day Schedule* Times are tentative*

Friday April 23, 2010

4:30 – Registration

4:45 – Conditioning/ Warm Up

5:15 – Learn Routine (Consisting of Jazz, Pom and Hip Hop Styles)

6:15 – Break (Interviews & open practice)

6:45 -- Technical Elements center and across the floor

7:15 – Review, Complete Interviews

7:30 – Tryouts Begin

The team will be announced at the conclusion of tryouts.

2010-2011 ECU Dance Team Try-out Information Sheet

Return before noon Friday April 16th

Return this form to Kristin W. Jeffries

118 Scales Field House; ECU; Greenville, NC 27858

- or - Fax 252-737-1414

Name: _____

Cell # _____

Fall 2010 Classification (Circle):

Sophomore

Junior

Senior

Permanent Address: _____

High School Attended: _____

Local Address: _____

E-mail Address: _____

Are you employed? Yes No Where? _____

Hours of week you work: _____

What other activities are you involved with? (SGA, Church group, Sorority, etc.) _____

Please list your dance training and/or experience.

For Dance Team Coach Use Only

Interview Question 1

Interview Question 2

Interview Question 3

Comments

Total: _____

**Please read the following and sign and date
at the bottom before returning**

As a prospective ECU Dance Team Member for the 2010-2011 season I promise to abide by the rules and regulations set forth by the dance team coach, ECU athletic department, and the NCAA. I will promote the function and reputation of the dance team as well as school spirit at all times. I will attend all practices and all performances, unless excused by the dance team coach. I will maintain the required GPA set by the coach and the athletic department. I agree to respect all other dance team members and the coach at all times. I agree to accept responsibility of purchasing personal items deemed important by the dance team coach, including dance shoes, dance pants, tights, make-up etc.

If not accepted to the dance team, I will not question the decision of the dance team coach or the panel of judges. I do understand that my name will remain on file if alternates are needed. If chosen for the ECU dance team I will commit my time and effort to the dance team 110%. I understand that this is a major commitment and that if the coach feels that I am not giving my all or upholding my position that I may be suspended or dismissed from the team. I understand that I was given an equal consideration during tryouts by the coach and judges and accept the outcome of the tryout.

Candidate Signature: _____ Date: _____

**PLEASE ATTACH A COPY OF YOUR
FALL 2009 GRADES FROM ONESTOP OR BANNER.**

EAST CAROLINA UNIVERSITY

Student-Athlete Try-Out Health History Questionnaire

Student-Athlete Name _____ Soc. Sec. # _____

Date of Birth _____ Sport _____ Dance _____

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you ever suffered a head injury / concussion and/or been knocked unconscious? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you ever suffered a cervical spine / neck injury? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you ever suffered a heat-related illness and/or received intravenous fluids (IV) for a heat-related problem? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you ever been diagnosed with asthma and/or exercised induced asthma? Do you use an inhaler? (If so, please bring to the try-out) |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you ever been diagnosed with diabetes or any other medical condition/illness? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you ever had chest pain, lightheadedness, and/or unexplained shortness of breath during or after exercise / practice? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you ever had the feeling of your heart racing or skipping beats during or after exercise / practice? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you ever been told that you have a heart murmur or high blood pressure? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Has any family member or relative died of heart problems and/or of sudden death before age 35? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Do you have only one of two paired, functioning organs (eyes, kidney, testicle, ovary, etc.)? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you ever had seizures or convulsions? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Do you or anyone in your family have sickle cell trait or disease? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you had a viral infection (i.e. mononucleosis, myocarditis, etc.) within the past six (6) months? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you ever been told by a physician to restrict your sports activity or not to participate in a sport for any reason? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Have you ever had an injury to your bones, joints, or muscles that required you to miss practices, games, or required surgery? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you currently taking any medications, including supplements? |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Are you aware of any reasons why you should not participate in intercollegiate athletics at ECU at this time? |

If you answered YES to any of the above questions and/or have any further information, which is knowledgeable to you and not required on this form, please explain in detail (use additional sheet(s) if necessary):

I, the undersigned, hereby acknowledge, affirm, and represent that all above statements are true and accurate to the best of my knowledge; and that no answers or information have been withheld. If any information and/or statements are false and/or have been omitted in reference to my past and/or present medical history, I fully understand that **East Carolina University**, its agents, servants, trustees, and employees disclaim liability, and will not be held liable for any injuries and/or illnesses not noted.

Student-Athlete Signature

Parent/Guardian Signature (if athlete is under 18)

Student-Athlete Printed Name

Date of Signature

Local or Cell Phone ***Required***
Revision 8-05

Physician Signature
Not required