

Florida State University Golden Girls Application

PERSONAL INFORMATION:
(Please PRINT Neatly)

FOR OFFICE USE ONLY	YES
Registration Fee	
Copy of Acceptance or FSU Card	
Copy of Insurance Card	

Safety Clip (no larger than) 4x6 PHOTO HERE

Name: _____

Date of Birth: _____ - _____ - _____

Social Security: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Home Phone: _____ - _____ - _____

Email : _____

Circle Year in School: Inc. Fr - Fr - So - Jr - Sr

Major: _____ G.P.A: _____

High School attended: _____

H.S Address: _____

Are you in a sorority? Yes or No

If yes, which one? _____

Are you planning on rushing next year? Yes or No

Are you planning on working next year? Yes or No

Have you tried out for Golden Girls before? Yes or No

How did you find out about the FSU Golden Girls?

List some of your most recent dance experiences:

(What Studio and/or Dance Team, etc) _____

SIZES: (For Uniform Purposes Only) example: med, 5/6

Sports Bra: _____ Tank Top: _____ T-Shirt: _____ Polo Shirt: _____ Warm Ups: _____

Shorts: _____ Skirt: _____ Pants: _____ Jazz Shoe: _____ Tennis Shoe: _____

Height: _____ Weight: _____ Top size: _____ Neck Size: _____ Tights Size: _____

PARENT INFORMATION:

Parent (s) Name (s): _____ Home Phone: _____ - _____ - _____

Email Address: _____ Cell Phone: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

MEDICAL INFORMATION:

Insurance Carrier: _____ Policy #: _____ Group #: _____

Do you have allergies? _____ If so please list: _____

Please list ANY and ALL current and past injuries that the FSU coaching and athletic training staff should be aware of: _____

Please list ANY and ALL current and past medical problems or health issues that the FSU coaching and athletic training staff should be aware of: _____

I, _____, am participating in the Florida State University dance team tryouts and this form legally releases all obligations and responsibilities for the medical treatment of myself, in the event of illness or injury during this tryout and if I make the team, any squad related activities. Furthermore, the school and or its employees are not liable for any injury incurred during tryouts or school related activities. In the event of an emergency occurring while I am participating in school related events, I grant my permission, or if under 18, my son or daughter, to the school and or its' employees to take care of whatever action necessary. I hereby authorize the school and/ or employees to secure medical treatment.

Participant Signature _____ Date _____

Parent or Legal Guardian Signature _____ Date _____

(If under 18)