

University of Northern Iowa Dance Team College Dance Team Prep Clinic 2011

The University of Northern Iowa Dance Team will be hosting its sixth annual College Dance Team Prep Clinic on Sunday, February 27 for high school and college dancers who strive to be a part of a college dance team in their future or would like to work on their technique and style.

Participants are invited to join UNI Dance Team members for an afternoon of fun, dancing, technique and skills, and tips to improve your dancing style. Participants will learn short jazz, pom, and hip hop routines, work on dance technique and skills, and discuss ways to improve as a dancer with the UNI Dance Team.

If you have any questions, please email the UNI Dance Team at:
UNI-Dance@uni.edu.

*Date: Sunday, February 27

*Time: 1pm-5pm (Check-in begins at 12:30pm)

*Location: McLeod Center

*Cost: \$30 per dancer

*Cost Includes: Registration, one UNI Dance Team T-shirt, and an afternoon with the nationally ranked UNI Dance Team. **REGISTRATION IS DUE BY Thursday, February 24, 2011** (please e-mail uni-dance@uni.edu if for some reason you are unable to meet this deadline).

*Where to register: Participants should register and pay in advance by sending the attached registration form to:

University of Northern Iowa Dance Team
UNI-Dome NW Upper
Cedar Falls, IA 50614

*What to wear: Participants should wear comfortable clothes and dance shoes.

NOTE: The attached release waiver must be signed and returned with registration. No one will be allowed to participate without a release waiver. Only one registration form and one release waiver per participants please.

Tryout dates will be posted soon! Check out our new website for the most updated information on tryouts, dancer bios, photos, and more!

www.unispiritsquads.weebly.com

UNI DANCE TEAM COLLEGE PREP CLINIC REGISTRATION

Name: _____ T-Shirt Size (Circle one): S M L
Year in School: _____ Name of High School or College: _____
Participant Address: _____
City, State, Zip: _____ Email: _____
Additional T-shirts may be purchased for \$15.
Would you like an additional shirt? If so, what size(s)? _____

If under 18:

Parent/Guardian Name: _____ Parent/Guardian Phone: _____
Parent/Guardian Address: _____ Email: _____

UNIVERSITY OF NORTHERN IOWA RELEASE AND MEDICAL INFORMATION

I hereby assume all risks of clinic activity (including property loss or damage, personal injury and death) that may result from any dance activity. As parent/guardian, I agree to indemnify, defend and hold harmless the University of Northern Iowa. Board of Regents-State of Iowa, State of Iowa, then Dance Team, Athletic Department and their officers, employees, agents, instructors and all participants in the dance clinic program from and against all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage which may result from any negligence and/or the student taking part in dance clinic activities.

In the event of injury or illness, I give my consent for medical treatment, and permission to camp personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the student. I agree to assume all costs related to any such treatment. I authorize my insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand each student must provide his/her own medical insurance. I also understand that I am responsible for any medical or other charges related to the student's attendance at the UNI Dance Team clinic.

I certify that the student is physically capable of participating in the camp activities. I have disclosed any physical limitations or medical problems which might limit the student's capability to perform under the normal conditions of camp activities. The University of Northern Iowa reserves the right to deny anyone the opportunity to participate where question exists regarding a student's physical capability to safely participate in clinic activities.

PLEASE PRINT ALL INFORMATION EXCEPT PARENT/GUARDIAN SIGNATURE, WHICH IS REQUIRED IF STUDENT IS UNDER 18 YEARS OF AGE. REGISTRATION WILL NOT BE PROCESSED UNLESS THIS FORM IS COMPLETED WITH REQUIRED SIGNATURES AND RETURNED WITH REGISTRATION AND PAYMENT.

Participant's Name _____
Father's/Guardian's Name _____
Day Phone _____ Evening Phone _____
Mother's/Guardian's Name _____
Day Phone _____ Evening Phone _____
Family Physician _____ Phone _____
Medical Insurance Co. _____ Policy No. _____
Date of last tetanus immunization _____
Any serious medical conditions (i.e. diabetes, asthma, epilepsy, etc.) _____

Medications currently taking and for what conditions _____

Allergies _____

Parent/Guardian Signature _____ Date _____