

Wayland Baptist University Dance Team 2012 Tryout Information

Friday, May 4 Dance Team Application & Waiver Release Form MUST be received by this date!

Friday, May 11 6:00-10:00pm

Learn Routine for tryouts- combination jazz, hip-hop, pom.

Review technique that will be included in tryouts

Saturday, May 12 8:00am-12:00pm

Tryouts will begin and continue until a decision is made on the team

Location: Laney Student Activities Center- Wayland Baptist University

Tryout Attire: Black fitted top and black hot shorts or dance pants. Jazz shoes or dance sneakers.

Qualifications: Poise, posture, projection, rhythm, flexibility, enthusiasm and a fit body are important

qualifications. Applicants will be evaluated on the following elements: toe touch, 2nd position leaps, turning disc, tilt leaps, switch leaps tumbling skills, kicks and extensions

double/ triple pirouette turns, and fouette turns in 2nd position.

Recommendations: Two letters of recommendation are required as follows: One from a high school

administrator and one from a drill team director, cheerleader sponsor, or studio dance instructor. These recommendations need to address such qualities as dependability,

punctuality, desire, enthusiasm, and scholastic abilities as well as work ethic and dance talent.

Uniforms: WBU provides uniforms, costumes, props & travel expenses. Personal items such as shoes,

hose, practice attire & camp tuition must be provided by individual members.

Scholarships: WBU Dance Team scholarships are available. This may include tuition, fees or books.

Applications for grants, scholarships, and other financial aid are available and often on a first come first serve basis. **FAFSA forms MUST be filed** in order to become a member of the

team and in order to receive an Athletic Scholarship!

Practice Schedule: Monday-Friday during the Fall & Spring Semesters. With additional practices called as

needed. Dancers receive one semester hour of HPE credit.

At Wayland Baptist University you'll be part of a family at one of the leading Christian, Baptist colleges in the United States. Our students find that the warm environment makes a difference in the quality of education they receive as well as the value of that education. <u>We Hope To See You At Tryouts!!</u>

Contact: Kristen Jones, Head Coach Cheer & Dance

Wayland Baptist University

1900 W. 7th St. CMB 650 Plainview, TX 79072 (806) 291- 3850/ Fax #: (806) 291-1962

JonesK@wbu.edu

Note From Coach: We will be looking for well-rounded dancers with outstanding skills/ spirit. Do not assume a weakness in any one area will automatically disqualify you as a team member. We will be looking for the dancers that are eager to learn and display a positive attitude. Candidates will tryout in mass and small groups by number. Keep working on your skills! We look forward to meeting and working with you!

Application For Wayland Baptist University 2012-2013 Dance Team

Name:				
(Last)		(Middle)		
		State/Zip	Insert	
			701 4	
			Photo	
		Location:		
Parent(s) Name:				
		State/Zip:		
		-		
Home #:	Cell#:			
Primary Reference:				
		Principal, Teacher, etc) Email:		
Scholastic GPA:	Field of Study:	AC <mark>T</mark> /SAT Sco	re:	
Personal Qualifications:				
Drill Team/Studio Experience	(Height, We	eight, Age)		
Offices Held:		<u> </u>		
List Talents, Accomplishments		ed such as s <mark>cholastic, singi</mark> ng, dancing	, cheering, etc.:	
able to perform all physical tas examination at the squad's first	ks to be considered. t summer practice. F	n is set in an intense physical environr All potentially selected members must Please list any physical limitations that on or injury does not automatically dis	st pass a physical may prevent you from	
Do you work?	Where?	Phone#		
Mail Application to: Wayland Kristen 1900 W	Baptist University	MUST be received by Friday, May 4	<u>4</u> !	

Questions, Contact Kristen Jones at 806-291-3850 or by email at: jonesk@wbu.edu

WAYLAND BAPTIST UNIVERSITY WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

- 1. In consideration for participating in the WBU Spirit Teams Event on the WBU campus, and other valuable consideration, I hereby RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE Wayland Baptist University (WBU), the Board of Regents, the State of Texas, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OFTHE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.
- 2. To the best of my knowledge, I can fully participate in this activity. I am fully aware of risks and hazards connected with the activity, including but not limited to the risks as noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, which may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.
- 3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
- 4. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.
- 5. I UNDERSTAND THAT THE UNIVERSITY WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY I MAY SUSTAIN.
- 6. I further agree to become familiar with the rules and regulations of the University concerning student conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity and that I will further assume the complete risk of any activity done in violation of any rule or directive or instruction.
- 7. I also understand that I should and am urged by WBU to obtain adequate health and accident insurance to cover any personal injury to myself, which may be sustained during the activity or the transportation to and from said activity.
- 8. I ALSO UNDERSTAND THAT THE PARTICIPANTS ARE INDIVIDUALLY RESPONSIBLE FOR DAMAGE TO THE FACILITIES AND THE ATTENDING SPONSOR SHALL BE RESPONSIBLE FOR SUPERVISION OF PARTICIPANTS ATTENDING WITH SAID SPONSOR.WBU IS NOT RESPONSIBLE FOR SUPERVISION OF PARTICIPANTS. POSSIBLE INJURIES WHICH MAY OCCUR, There are risks involved when participating in the following sports program offered. WBU Spirit Teams Event on the WBU campus. Some of the possible injuries and bodily harm that can occur through participation in the programs are listed below. This list is provided to make the prospective participant aware of the possibilities of injuries that may be sustained. The individual is completely responsible for his/her own safety and health.

POSSIBLE INJURIES: strains, sprains, pulls, tears, cramps, infection, rashes, vomiting, bruises, contusions, wounds (abrasions, incisions, lacerations, punctures, avulsions), insect bites, dislocation, blisters, nosebleeds, broken bones, fractures, choking, respiratory or heart failure, heat exhaustion, heat stroke, fainting, nerve damage, shock, paralysis, concussion, and in an extreme case-death.

BODY AREAS WHICH MAY BE AFFECTED OR INVOLVED IN SPORTS INJURIES: head, face, eye, ear, jaw, teeth, mouth, neck, nose, chest, abdominal, back, arms, elbow, hands, fingers, wrist, shoulders, genital organs, scalp, bones, leg, knee, hip, ankle, feet, toes, internal organs, nerves, muscles, ligaments, cartilage, joints, tendons, spinal cord, arteries, veins, and brain. This waiver will be signed by the participant to and will be in effect for all practices, clinics, and any other WBU Spirit Team Events for the 2011-2012 seasons. These events include:

Gold Rush Dance Workshop – November 5, 2011

Gold Rush Cheer Workshop - November 5, 2011

Parent's Night Out - December 9, 2011

Parent's Night Out - February 4, 2011

Big Weekend Dance Recruit Workshop – March 31, 2012

Big Weekend Cheer Recruit Workshop - March 31, 2012

Dance Team Pre-Tryout Workshop – April 21, 2012

Cheer Team Pre-Tryout Workshop - April 21, 2012

Dance Team Tryouts – May 11-12, 2012

Cheer Team Tryouts - May 12-13, 2012

Any other Cheer or Dance Team events that are scheduled during the 2011-2012 seasons

I/My child have reviewed the above information and are aware of the risks in participating in sports programs and the possible injuries, which may occur. I/My child freely and voluntarily agree to participate in any and/or all of the activities listed here which are offered in the WBU Spirit Teams Event on the WBU campus. I also understand that this release is valid for the entire 2011-2012 season, and includes all events hosted by the WBU Spirit Teams.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

Date Participant

Signature

Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent, and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.
IN WITNESS WHEREOF, I have here unto set my hand on this day of, 20
Participant:
Parent/ Legal Guardian: ***Parent must sign if under 18 years old
MEDICAL TREATMENT PERMISSION FORM
Student's Name
I,, Participant's name (if 18 years or older), Parent or guardian if participant is under 18 years of age, hereby give my permission, consent and authorization for any medical treatment deemed necessary by a hospital or physician. I appoint the event coordinator and/or director my lawful agent with power to authorize and consent to the administration of medical treatment during the aforementioned event.
Home Phone ()
Alternate Phone ()
Health Carrier
Please list all allergies, restrictions or health exceptions. This form should be properly signed and turned in at the time of registration. In case of such accident or illness, I give permission for my child (if under 18) to be given medical treatment as deemed appropriate. I will assume responsibility for any medical treatment as deemed appropriate. I will assume responsibility for any medical bills incurred by my child.
Parent or Legal Guardian Signature
I, the participant, (if 18 years or older) or my child (if under 18) have been examined by a family physician, and is physically able to participate in the WBU Spirit Teams Event on the WBU campus.