SPRING AUDITION INFORMATION

Our team is made up of talented, dynamic dancers from diverse backgrounds. We are looking for dancers that are well-rounded in different styles, understand and appreciate MSU Athletics and want to be an ambassador for their University.

Paperwork DUE March 15, 2016
Mail to-MSU DANCE AUDITIONS
223 Kalamazoo St. East Lansing, MI 48824

Spring Audition Dates

April 16, 2016 3-9:00pm (first cuts)
April 17, 2016 3-9:00pm Final Auditions
*Alternate First Cut available by request*

Common Questions:

What are you looking for at auditions?

We are looking for personality, strong pom, jazz, and hip hop backgrounds and mature, natural expression through dance.

What skills do I need for auditions?

Highly suggested skills: Triple pirouette, Second Turns, High Kicks, Head springs, Toe touches/Center Leaps, etc

How is your team set up?

We have one team with 2 squads-Green Squad primarily dancing at Football and Men’s Basketball and White Squad primarily dancing at Volleyball and Women’s Basketball
Full Name: ____________________________________________
Birth date: ____________________________________________
Current Address: _______________________________________
_____________________________________________________
Current Phone Number: __________________________________
Mobile Phone Number: __________________________________
MSU Student Number: __________________________________
Class Standing (Fall 2013): _______________________________
Ethnicity: _____________________________________________
E-mail address: _________________________________________
High School Name: _____________________________________
Parent/Guardian Phone Number: __________________________
Parent/Guardian Name and Address:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Studio Dance Experience:_____________________________________
________________________________________________________________________
________________________________________________________________________
High School Dance (Spirit) Experience:________________________
________________________________________________________________________
________________________________________________________________________
Other Experience and Accomplishments Related to Dance:
________________________________________________________________________
________________________________________________________________________
Other extra-curricular activities you expect to be involved with (include club sports,
professional societies and Greek organizations):________________________
Date of birth________________

1. I, __________________________________will be participating in a tryout with the cheerleading team sponsored by the Michigan State University Athletic Department. I presently have no injuries or illnesses that might prevent me from participating in the tryout.

Participant Signature_________________________________________Date________________

Parent/Guardian Signature (if under 18)_________________________Date________________

2. In the event of an injury occurring during the tryout, I will not hold Michigan State University responsible in any way.

Participant Signature_________________________________________Date________________

Parent/Guardian Signature (if under 18)_________________________Date________________

3. I have current medical insurance that will cover any costs incurred due to injury sustained during the tryout.

Participant Signature_________________________________________Date________________

Parent/Guardian Signature (if under 18)_________________________Date________________

4. I do not have current medical insurance that will cover any costs incurred due to injury sustained during the tryout.

Participant Signature_________________________________________Date________________

Parent/Guardian Signature (if under 18)_________________________Date________________

EMERGENCY CONTACT INFORMATION:

Name_________________________________________________________________________

Evening Phone Number_______________________________________________________

Cell Phone Number_________________________________________________________
Grades/MSU Status Release Form

For current Michigan State students:
I, ______________________________, give permission to the Michigan State Athletic Department to obtain my grades for the Summer 20__ semester.

__________________________________________
Signature

__________________________
Date

For incoming freshman or transfer students:
I, ______________________________, give permission to the Michigan State Athletic Department to obtain my grades for the Summer 20__ semester and/or my Michigan State student status for the Fall 20___ semester at Michigan State University

__________________________________________
Signature

__________________________
Date

__________________________________________
Signature of parent/guardian if under 18

__________________________
Date

**Must be accepted to Michigan State University by the first day of Spring tryouts or you will be asked to tryout in the fall tryout process**
L ____________. am a student-athlete in the sport(s) of ___ at Michigan State University ("MSU")

I am aware that participation in intercollegiate athletics at MSU involves the risk of personal injury. I am also aware that if I have sickle-cell trait. I am at an increased risk for serious illness or injury including death especially during physical exertion. I have seen the NCAA’s educational video regarding sickle-cell trait and have been informed of these risks. I understand that the likelihood of having sickle-cell trait is 6-8% if my heritage is African, Middle-Eastern or Indian (non-Native-American Indian) and it is .06-.08% if my heritage does not fall within those categories.

I understand that the NCAA and MSL strongly recommend that EVERY student-athlete be tested for sickle-cell trait. However I also understand that I am under no obligation to be tested for sickle-cell trait

Notwithstanding the above if I refuse sickle-cell trait testing and if MSU believe in its reasonable judgment. that I exhibit symptoms of sickle-cell trait. MSU may require testing for my safety and may withhold me from practice and/or competition until I agree to sickle-cell trait testing.

I have had an opportunity to ask questions concerning sickle-cell trait and testing for sickle-cell trait and to discuss the risks associated with participation in intercollegiate athletics at MSU if I possess sickle-cell trait understand the risks involved if I choose NOT to be tested for sickle-cell trait and I knowingly assume these risks.

Please check ONE of the boxes below:

☐ I AGREE to be tested for sickle-cell trait (you must complete this test before tryouts)

☐ I DO NOT AGREE to be tested for sickle-cell trait

If I chose NOT to be tested for sickle-cell trait. I agree that in consideration for being granted the opportunity to participate in intercollegiate athletics at MSU without agreeing to be tested for sickle-cell trait. and in recognition of the risks associated therewith. I for myself my executors. administrators and assigns. do hereby release and forever discharge Michigan State University and its Board of Trustees. its administrators. faculty members. employees. agents and students from any and all liability for losses. damages. injuries or costs. including. but not limited to. those injuries described above. that may arise out of or that may in any way be related to my athletic participation without testing for sickle-cell trait.

I understand that this release means that. among other things. I am giving up my right to sue MSU for am such losses. damages. injury or costs that I may incur because of sickle-cell or sickle-cell trait.
I represent that I am at least 8 years old and that I have read understand and agree to he legally hound by the foregoing agreement. I hereby and release (if I am under the age of 18 a parent or legal guardian must sign this form)

DATE___________________

STUDENT-ATHLETE'S NAME PRINT_____________________________________________________

STUDENT-ATHLETE'S SIGNATURE ______________________________________________

SPORT(S) _______________________________________________________________________

(If under age 18)

PARENT / LEGAL GUARDIAN NAME (PRINT) ___________________________________________

PARENT / LEGAL GUARDIAN SIGNATURE ___________________________________________

CHECKLIST

☐ Audition Application
☐ Audition Fee of $20
☐ Waiver of Liability
☐ Grade/Enrollment Release
☐ Sickle-Cell Form
☐ Photo
☐ Pre-Participation Health History Form (separate attachment)
☐ Proof of a recent Physical (must be after 10/18/2015)

Audition Dates
*You must attend a first cut audition*
If you move on you must be able to attend the final auditions on Sunday

(Tentative times-subject to change)
April 14th 6-9:00pm (Alternative First Cut)
April 16th 3-9:00pm (Primary First Cut)
April 17th 3-8:00pm (Final Auditions)