

Golden Felines & Flash of Fire

Application

FIRST NAME: _____ LAST NAME _____

HOME PHONE: _____ CELL PHONE _____

BIRTHDATE: _____ AGE: _____ CLASSIFICATION: FR SO JR SR

STUDENT ID#: _____ GPA: _____

FLAG _____ DANCER _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

YEARS OF DANCE OR FLAG EXPERIENCE: _____

FACEBOOK PAGE NAME: _____

INSTAGRAM NAME: _____

Have you previously been on a majorette style dance team or flag line/color guard team? YES/NO

If so, how many years of participation? _____

Previous dance/flag team name: _____

Previous dance/flag team coach name: _____

Previous dance/flag team coach phone number: _____

EMERGENCY CONTACT INFORMATION

CONTACT NAME: _____

RELATION: _____

CONTACT NUMBER: _____

CONTACT NUMBER: _____

IN THE EVENT CANNOT BE CONTACTED, PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____

Student's Health Condition(s) of Which an Emergency Physician Should be aware?

Student's Allergies

Student's Prescription Medications

Permission to administer emergency medical care: I consent for a licensed physician of medicine or osteopathic medicine to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices and Contests. Further, these authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student.

I hereby assume and agree to pay indebtedness or physicians' and surgeons' fees and hospital charges for such emergency medical care. Signature

_____ Date ____/____/____

Please answer the following questions as detailed as possible. (Attach sheet if necessary)

1. Do you have any dance or flag experience, if so how much?
2. Describe the image of the felines OR flag line, do you fit or are you able to fit that image at all times?
3. Do you engage in inappropriate social media posts or conduct including posts, comments, or reposts about sex, marijuana, inappropriate language, or poses that would be deemed a removable offense from the team? If so, explain.
4. What do you do on a weekly basis to maintain your dance or flag abilities as well as your physical fitness?
5. What is it about the Feline style of dance or Flag style of twirling that led to your interest in trying out?
6. Are you able to practice 6 days a week, up to 3 hours a day to be on the team?
7. Do you plan on being involved in any other campus activities? If so, please mention.
8. Are you aware of the level of dedication it will take to be on a college team? If so, what sacrifices do you anticipate having to make in order to maintain your spot on the team?
9. Are you aware of and able to meet financial obligation (\$500+) to participate on the team?

Please attach your nonrefundable \$15 registration fee, headshot (not a selfie), recommendation letter and an *unofficial transcript*. Tryout fee and all application requirements are due the first day of clinics and can be turned in via email taylor.byrne@metrotech.edu and we will accept payments through the cash app at \$TaylorMByrne.

Signature

x _____ **Date** ____ / ____ / ____

Application Check List (ALL DUE Friday May 3rd at 5:00pm):

Completed application packet

Headshot (in color)

Transcript

Nonrefundable \$15 application fee

Previous Dance line/Flag line Instructor recommendation Letter

Please return to Ms. Taylor M Byrne Friday May 3rd by 5pm

Video applicants, return via Email: taylor.metrotech.edu

Cash app payments can be sent to: \$TaylorMByrne

Phone: 405-514-0357