

*Golden Felines & Flash of Fire*

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**Application** (can print or fill out with Microsoft Word on a laptop or computer)

FIRST NAME: \_\_\_\_\_ LAST NAME \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ CLASSIFICATION: FR SO JR SR \_\_\_\_\_

Overall GPA: \_\_\_\_\_

FLAG \_\_\_\_\_ DANCER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

YOUR FACEBOOK PAGE NAME: \_\_\_\_\_

YOUR INSTAGRAM NAME: \_\_\_\_\_

PARENT'S NAME(S) AND PHONE:

\_\_\_\_\_  
\_\_\_\_\_

**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 by **clicking the following link to complete questionnaire:** <https://forms.gle/VSjBz8HaD997E6iB7>

1. Band camp for new members is held around the first 2 weeks of August, 5am-11pm Monday-Friday. Will you be able to attend all 2 weeks? Are you physically and mentally prepared to commit to a boot camp style band camp?
2. What do you do on a weekly basis to maintain your dance or flag abilities as well as your physical fitness?
3. **Respect** and **dedication** are the main character traits we look for in our dancers/flags. Are you able to operate in an organization where members follow directions from authority in a respectful manner? How do you demonstrate respect and dedication?
4. Describe the image of the felines OR flag line. Do you fit or are you able to fit that image at all times?
5. 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.
6. Are you able to practice 6 days a week, every 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 the **non-refundable** financial obligation (\$500+) to participate on the team, and can meet that obligation before July 1<sup>st</sup>, 2020?

**Please attach your nonrefundable \$20 registration fee, headshot (not a selfie), recommendation letter and an unofficial transcript. Tryout fee and all application requirements are due the day before tryouts and can be turned in via email [taylor.byrne@metrotech.edu](mailto:taylor.byrne@metrotech.edu) and we will accept payments through the cash app at \$TaylorMByrne.**

**Signature**

x \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Application Check List (ALL DUE in same email no later than April 28<sup>th</sup> for flags and May 28<sup>th</sup> for dancers):**

Completed application packet

Headshot (not a selfie, in color)

Transcript

Nonrefundable \$20 application fee

Previous Dance line/Flag line Instructor recommendation Letter

Please return to Ms. Taylor M Byrne by mentioned date and times

Video applicants, return via Email: [taylor.metrotech.edu](mailto:taylor.metrotech.edu)

Cash app payments can be sent to: \$TaylorMByrne

Phone: 405-514-0357