

Dear Prospective ETSU Dancer,

Thanks for your interest in the ETSU Dance Team!

The ETSU Dance team performs sidelines at all home football games as well as sidelines and timeouts/halftimes at the ETSU Men's and Women's basketball games. The team is active on campus and make numerous appearances on campus as well as in the community.

At this time, there will be scholarships available to incoming students (freshmen and transfer students) that qualify as out-of-state students. The Creative Arts Scholarship can be awarded, if you make the team and are a qualified out-of-state student. This scholarship waives your out-of-state tuition. Details will be given to those that make the team and qualify! If you are an in-state student, there is no scholarship available at this time. However, the athletic department provides everything you will need to be a member of the team ie. Camp cost, Uniforms, warm-ups, shoes, etc. The Dance team competes at UDA Nationals in Orlando, Florida in January. The team fund raises for this event throughout the fall semester.

As far as requirements, you must be accepted to East Tennessee State University prior to tryouts. NO EXCEPTIONS! You will have to present your acceptance letter prior to or on the day of tryouts. If you are transferring from another institution, then you must also present your acceptance letter prior to or on the day of tryouts. Tryouts will be held on April 29<sup>th</sup>. If you make the team, we will have a mandatory meeting on April 30<sup>th</sup>. The time of the meeting will be given at tryouts. The tryouts are closed to the public. Myself and several highly trained evaluators will determine the team, and all decisions are final.

As far as skills needed, ETSU Dance team is working hard to become a nationally known and respected Division 1 Dance team. Dancers must possess advanced skills and be able to learn quickly in order to compete on the collegiate level. If you have any specific questions about skills, please feel free to reach out to me and ask your questions.

Special Note: If you make the team and are an incoming Freshman or transfer student, the NCAA requires that you have a Sickle Cell Anemia test done. You must turn in your test results to me PRIOR to any participation as a member of the ETSU Cheer team. There are no exceptions. If you have any trouble getting the test done, you may contact me, and our in house facility, BUCSPORTS, will get you an appointment to have it done locally.

Thanks again for your interest in the ETSU Dance Team. We hope to see you at a clinic and/or tryouts!

Regards,

Van VanEaton  
ETSU Spirit Coordinator  
vaneatonv@etsu.edu

## ETSU DANCE TRYOUT April 29, 2017

### INFORMATION

- ◆ Please try and email a copy of your application to the email below to confirm that you will be attending tryouts.

✧ [vaneatonv@etsu.edu](mailto:vaneatonv@etsu.edu)

- ◆ Tryout fee is \$40. You must pay with cash (due to returned checks in past).
- ◆ You must bring **all** completed forms listed below and payment to registration.
- ◆ If we do not receive all the information needed, you will be **unable** to tryout.
- ◆ Registration will be April 29<sup>th</sup>, 2017 from 8:30am - 9am on campus in the Mini Dome. **\*\*The venue for tryouts has changed!\*\***

\*\*\*\*Please report to GORDON BALL COURT in the Mini Dome.\*\*\*\*

- ◆ Tryouts will be from 9:00am - 12:00pm.
- ◆ Tryouts are CLOSED to everyone except participants!
- ◆ You will be learning and demonstrating combinations across the floor, fight song, as well as jazz and hip hop combinations. You may change into hip hop attire for that combination if you choose.
- ◆ Tryout attire:
  - Black booty Shorts, Black sports bra, and dance shoes (optional hip hop attire would be pants of your choosing and tennis shoes/boots)
  - Hair in a bun
  - NO JEWELRY!!!

### ETSU DANCE TRYOUT CHECKLIST

- Tryout Application
- Liability Waiver
- Tryout Fee \$40
- Most recent Physical
- Copy of Insurance card
- Copy of ETSU acceptance letter (if incoming Freshman or Transfer student)
- Proof of 2.0 GPA or higher (if current ETSU Student)

# ETSU DANCE TEAM Tryout Application

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ETSU Email: \_\_\_\_\_

(Can use personal if you don't have a goldlink account yet)

Sex: M or F Birth

Date: \_\_\_\_\_

High School: \_\_\_\_\_

Dance Studio: \_\_\_\_\_

Are you an incoming Freshmen? Y or N

Have you been accepted to ETSU? Y or N

Are you currently enrolled at ETSU? Y or N If yes, Classification? \_\_\_\_\_

Are you currently enrolled at a different university? Y or N

If yes, then what university? \_\_\_\_\_

What is your overall GPA? \_\_\_\_\_

List any dance experience: \_\_\_\_\_

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List skills: \_\_\_\_\_

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Emergency Contact:

Name \_\_\_\_\_ Cell \_\_\_\_\_

T-shirt size \_\_\_\_\_ Shorts size \_\_\_\_\_ Shoe size(athletic) \_\_\_\_\_

## Medical Information and Authorization

### Waiver 1

If any emergency occurs, I authorize staff members to take all proper action and use the emergency service available at the nearest hospital, if necessary. In the case of extreme emergency, I authorize emergency personnel to take proper action. I understand my personal insurance will be used in this case.

I agree as shown by my signature below:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Participant if over 18: \_\_\_\_\_ Date: \_\_\_\_\_

### Waiver 2

In and for consideration of my participation in \_\_\_\_\_, I hereby release and hold harmless East Tennessee State University, its affiliates, subsidiaries, directors, officers, employees and agents from any and all liability arising out of my participation in ETSU Spirit **CLINIC / TRYOUTS** (Circle one) on \_\_\_\_\_, except for liability for personal injury or illness caused solely by the proven gross negligence or willful misconduct of East Tennessee State University, its employees or agents. This waiver of liability expressly includes transportation to and from, or in connection with, said event.

I agree as shown by my signature below:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Participant over 18: \_\_\_\_\_ Date: \_\_\_\_\_

### **In case of emergency, notify...**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Other #: \_\_\_\_\_

Physician or Clinic you usually consult for medical care and phone numbers:

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