The University of Texas at El Paso is looking for athletic dancers to audition for the UTEP Dance Team. Potential book and academic scholarships are available to select members of the team. Dancers will have an opportunity to perform for football, volleyball, soccer and basketball games. This year we may travel to some away games, make public events and compete for spots in our NEW national competition team.

The UTEP Dance Team consist of two (2) teams:

<table>
<thead>
<tr>
<th>Orange Team: (JV Dance Team)</th>
<th>Blue Team: (Varsity Dance Team)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dancers must have a minimum of technical skills such as:</td>
<td>Dancers must have the following technical Skills:</td>
</tr>
<tr>
<td>Double Pirouette</td>
<td>Triple Pirouette</td>
</tr>
<tr>
<td>Calypso</td>
<td>5 A la seconds into double pirouette</td>
</tr>
<tr>
<td>Jete</td>
<td>Calypso</td>
</tr>
<tr>
<td>Double Pirouette into center splits</td>
<td>Turning Second</td>
</tr>
<tr>
<td></td>
<td>Progressing Aerial</td>
</tr>
</tbody>
</table>

**All interested applicants must have the following documents on the first day of clinic:**
- Copy of a current physical
- Sickle cell test (can be done at CPL LABS at 4224 Mesa. contact me for Dr. orders. The results take 2-3 days. Get this done ASAP)
- Proof and copy of insurance
- Tryout application with liability waiver (last 5 pages).
- Current Resume
- Character Profile
  - *Character Profile from current dance coach, sport coach or teacher must be filled out and turned in with this packet in order to proceed with tryouts.*
- 2 Letters of Recommendations (Notable recommendations only)
  - Include a direct phone number for each reference
- Current Photo Note: Headshot preferred (4x7)
  - Selfies and photos printed on copy paper are not suitable for submission

You may not participate without all the documents listed above. No Exceptions!!!

Eligibility Requirements:
- Incoming freshman must have already applied to UTEP.
- Good Academic Standing (minimum 2.0 GPA).
- Undergraduates must be enrolled in at least twelve (12) semester hours.
- Graduate students must be enrolled in at least nine (9) semester hours.
- Current Medical Insurance. Please bring a copy to the first practice. If you are not currently insured, you may not participate. No exceptions!
**PRE-TRYOUT CLINIC:**  
**DAY:** April 22-24, 2020 (Wednesday – Friday)  
**TIME:** 5:30pm to turn in packets. Dance Clinics begin at 6:00-9:00pm  
**WHERE:** Holiday Hall at UTEP  
**ATTIRE:** Black fitted crop or sports bra, black dance shorts/Black leggings, jazz shoes, and hip hop shoes  
**HAIR:** Must be pulled back into a secure ponytail. All piercings must be removed and all tattoos must be covered prior to arrival at auditions.  

**FINAL AUDITION DAY 2020**  
**DAY:** April 25, 2020 (Saturday)  
**TIME:** 9:00am  
**WHERE:** Memorial Gym at UTEP  
**ATTIRE:** Black fitted crop or sports bra, black dance shorts/Black leggings, jazz shoes, and hip hop shoes  
**HAIR:** Must be pulled back into a secure ponytail. All piercings must be removed and all tattoos must be covered prior to arrival at auditions.  

**GENERAL REQUIRED SKILLS FOR AUDITION**  
- Experience in all styles of dance  
- Right/Left and Center Splits  
- Kick Line (8 – 8 counts of straight kicks)  
- Leg extensions right and left  
- Double and triple pirouettes  
- A la seconds turn sequence  
- Right and left grand jeté  
- Leap in second  
- Calypso  
- Stationary  
- Chaine’ into turning second  

**VIDEO SUBMISSION**  
In order to qualify for a video submission, you must contact the director, Leslie Lopez at lalopez10@utep.edu for pre-audition requirements.  
Please submit a video of the required technical skills and two 1-minute Jazz and hip hop choreography by April 24, 2020 before midnight.  
**You may not participate without all the documents listed above. No exceptions!!!
Important Information

Everyone is a finalist until grades and transcripts are checked at the end of the spring semester.

YOU MUST HAVE AND MAINTAIN AT LEAST A 2.0 GPA TO PARTICIPATE.

Finalists will be notified by email by 8p.m. on Monday, April 27, 2020. There will be a mandatory meeting for all finalists on May 11th at 5:30p.m.

Please keep in mind that being apart of this team at UTEP is a full-time commitment. We begin practicing immediately. Summer vacations will not be excused. There will be a mini vacation the end of July (July 15th-July 31st). There will be consequences for anyone who misses practices. In addition to games, travel, and public appearances, squad members practice Mondays, Wednesdays and Fridays from 8:30am-11:00pm during the summer. In the fall and spring, practices will continue at 7:30am-9:30pm on Mondays, Wednesdays and Fridays. Members are also required to attend mandatory strength & conditioning two-three times a week on Mondays and Wednesdays (3pm-5pm). Next year’s team will go through rigorous and extensive conditioning in order to be ready for summer camp, games and mandatory national competition. In addition, EVERYONE will have four (4) hours of mandatory study hall each week. Dance-practice, games, strength and conditioning, and your academics must have priority over work schedules and any other extracurricular activity! Make sure you are willing to make the commitment.
UTEPA Dance Team Application

Full Name: ___________________________     UTEP ID #: _________________________
(As it appears on ID)

Address: ___________________________________   Cell Phone: _____________________

Emergency Contact Name: ______________________ Phone: _______________________

Email: _________________________________________________ (please write clearly)

Age: _________     Birthdate: __________

Circle one:
High School Senior  **College:** Freshman  Sophomore  Junior  Senior  Graduate Student
School Attending: _________________________     Current GPA: __________
UTEP Major:______________________________

Health/Hospitalization Insurance:
Insurance Company Name: _________________________________

Person Insurance is under: _________________________________

Group Number: _________________________________________

Please Indicate Any Past or Current Physical Limitations and/or Health Problems:
____________________________________________________________________________________

Please List Previous Experience in Cheerleading, Dancing, Sports, or Other Extra-Curricular Activities:
____________________________________________________________________________________

____________________________________________________________________________________

CHARACTER PROFILE FORM:
Each applicant must have their current dance coach (if a member of a dance team) or a current teacher (if applicant is not currently a dancer) fill out the character profile and seal it in an envelope, in order to proceed with tryouts. Turn in evaluation along with audition packet.

Coaches, please include the following information pertaining to the applicant’s character in your recommendation letter:
The following areas are rated on a scale of 1-5 (1 being the least, 5 being the greatest)

**PRACTICE:**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Progress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistency of practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SKILLS:**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technique</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choreographic Memory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHARACTER:**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsibility: Work ethic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determination: Working hard to overcome difficulties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discipline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enthusiasm: Having a good attitude, even if the assignment is not fun</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: ________________________________________________________________

Coach/Teacher Signature: ___________________________ Date: ________________

Coach/Teacher email: ________________________________
THE UNIVERSITY OF TEXAS AT EL PASO

MINOR PARTICIPATION FORM

School/Team Name ________________________________________________________________

Participant’s Name______________________________________________________________

DOB__________________________________________________________

Address______________________________________________________________

Street____________________City____________________ State___________ ZipCode_______

Phone____________________ Activity/Description: UTEP Dance Team Auditions

Dates: ___________________ Location: Holiday Hall and Memorial Gym

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

1. MEDICAL INFORMATION (please type or print legibly)

Name of Parent/guardian ___________________ Health Insurance Company

Address________________________________________________

(Street or P.O. Box, city, state, zip code)

Telephone #: ___________________________________________________________________

Policy # __________________________

Telephone #: Office________________________

Participant’s Current Medications____________________________________________________

Night________________________________________________________

Participant’s Allergies____________________________________

Participant’s Special Health Needs______________________________________________
II. EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned parent or legal guardian of the above named minor, do hereby authorize The University of Texas at El Paso and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

III. SPECIAL ACCOMMODATIONS/NEEDS

If you have or suspect, a disability and need an accommodation, please contact our staff at (915) 747-6113 or jalopez10@utep.edu to request any special accommodations/needs.

IV. PARTICIPATION GUIDELINES

Participants, or their representatives, who behave in a manner which is disruptive to the learning process, or which interferes with the well-being of other participants or staff, or which may cause damage to University or contracted facilities, may be subject to permanent removal. Please refer to competition/camp guidelines for refund policies.

1. Participants have a responsibility to the environmental settings where our events are being held including building grounds, furnishings and natural wildlife. If a Participant is responsible for any damage, the parent of that Participant will be held financially responsible for the specific repair costs of those damages.
2. Participants will not be allowed to leave designated buildings or areas and will participate in all group activities, unless given expressed permission by an adult sponsor or adult staff member to do otherwise.
3. Parents or Guardians are responsible for making sure Participants dress appropriately. It is not suitable for males or females to wear clothes that expose undergarments.
4. Radios, recorders, tape and CD players, TV’s, electronics and video games, skateboards, roller skates and blades, etc. tend to be a distraction to the individual and must be left at home. Cell phones are allowed, but need to be left in a pocket or purse and not used. The University of Texas at El Paso is not responsible for these items if they are brought to course/camp.
5. Participants need to show consideration and respect of others, including other participants and instructors. Offensive language will not be tolerated.
6. No illegal substances will be allowed. UTEP is a drug-free institution.
7. All individual classroom and/or facility policies must be followed.

Minor Release and Indemnification Agreement

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement. I give permission for him/her to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose him/her to hazards or risks that may result in illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to partake in the Activity or Trip, I hereby accept all risk to Participant’s health and of his/her injury or death that may result from such participation and I hereby release The University of Texas at El Paso, its governing board, officers, employees and representatives from any liability to Participant, Participant’s personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant’s property and for any and all illness or injury to Participant’s person, including death, that may result from or occur during Participant’s participation in the Activity or Trip, whether caused by negligence of the University, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant’s negligent or intentional act or omission while participating in the described Activity or Trip. The indemnification related to the loss or damage of Participant’s personal property further applies to the storage of Participant’s personal property and equipment while participating in the abovementioned activity or trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT’S INJURY OR DEATH OR DAMAGE TO PARTICIPANT’S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED AND FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT’S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.
MEDIA CONSENT AND RELEASE

I hereby authorize The University of Texas at El Paso, UTEP Dance, and those acting pursuant to its authority to:

   a) Record Participant’s likeness and voice on a video, audio, photographic, digital, and electronic or any other medium.
   b) Use Participant’s name in connection with these recordings.
   c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW), these recordings, in whole or in part, without any restrictions or limitations, for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including educational, promotional or advertising efforts.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I and/or Participant may have in connection with such use. This release is executed gratuitously and/or for any self-satisfaction which I and/or Participant may derive from any publication or programs in which my likeness or voice will appear. I understand that all such recordings, in whatever medium, shall remain the property of the University.

☐ I do authorize The University of Texas at El Paso, UTEP Dance, and those acting pursuant to its authority in accordance with this Media Consent and Release.  Parent/Guardian Initial

☐ I do not authorize The University of Texas at El Paso, UTEP Dance, and those acting pursuant to its authority in accordance with this Media Consent and Release. Parent/Guardian Initial

AUTHORIZATION FOR DROP OFF, PICKUP & TRANSPORTATION:

1. I hereby authorize the following names to either drop off or pick up Participant. Each person will be informed that it is his or her responsibility to show proof of identity to the designated course/activity instructor. (Please remember to include your name as well, if applicable).

   Full Name___________________________________________        Relationship_________________________        Driver’s License# __________________

   Full Name___________________________________________        Relationship_________________________        Driver’s License# __________________

   Full Name___________________________________________        Relationship_________________________        Driver’s License# __________________

2. ☐ I do authorize The University of Texas at El Paso and UTEP Dance to release Participant to transport him/herself to and/or from designated course/activity (i.e. walking, biking, public transportation, own vehicle).  Parent/Guardian Initial

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF ALL RELEASES ON THIS FORM INCLUDING THE AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT, PARTICIPATION GUIDELINES, THE RELEASE AND INDEMNIFICATION AGREEMENT, THE MEDIA CONSENT AND RELEASE, AND AUTHORIZATION FOR DROP OFF, PICKUP & TRANSPORTATION.

Parent/Guardian Name (PRINT)              Signature of Parent/GuardianDate

Witness (PRINT)   Signature of WitnessDate

Thank you for your cooperation in having all forms completed and returned to UTEP Dance Staff.