



N O R T H E R N I O W A D A N C E T E A M

College Prep Clinic Registration and Medical Information

*By **February 23, 2012**, please send **\$30 registration fee** (checks payable to "UNI Dance Team") and "College Prep Clinic Registration and Medical Information" form to:

UNI Dance Team
DOME NW Upper 0314
Cedar Falls, Iowa 50614

Participant's Name: _____ T-shirt Size (circle one): **S M L**

High School or College: _____ Year in School: _____

Address: _____

City, State, Zip: _____ Email: _____

Are you interested in trying out for the 2012-2013 UNI Dance Team? (circle one) **yes no**

Additional T-shirts may be purchased for \$15.

Would you like an additional t-shirt? If so, what size(s)? _____

Emergency Contact:

Name: _____

Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Medical Information:

Family Physician: _____ Phone: _____

Medical Insurance Co.: _____ Policy No.: _____

Any medical conditions (i.e. diabetes, asthma, epilepsy, etc.): _____

Medications currently taking and for what conditions: _____

Allergies: _____



N O R T H E R N I O W A D A N C E T E A M

University of Northern Iowa Release Form

I hereby assume all risks of clinic activity (including property loss or damage, personal injury, and death) that may result from any dance activity. As parent/guardian, I agree to indemnify, defend and hold harmless the University of Northern Iowa, Board of Regents-State of Iowa, State of Iowa, the Dance Team, Athletic Department and their officers, employees, agents, instructors, and all participants in the dance clinic program from and against all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage which may result from any negligence and/or the student taking part in dance clinic activities.

In the event of injury or illness, I give my consent for medical treatment, and permission to camp personnel to supervise or perform on-site first aid for minor injuries and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the student. I agree to assume all costs related to any such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand each student must provide his/her own medical insurance. I also understand that I am responsible for any medical or other charges related to the student's attendance at the UNI Dance Team clinic.

I certify that the student is physically capable of participating in the camp activities. I have disclosed any physical limitations or medical problems which might limit the student's capability to perform under the normal conditions of camp activities. The University of Northern Iowa reserves the right to deny anyone the opportunity to participate where question exists regarding a student's physical capability to safely participate in clinic activities.

Participant's Signature: _____ Date: _____

If under 18:

Parent's/Guardian's Name (please print): _____

Day Phone: _____ Evening Phone: _____

Parent/Guardian Signature: _____ Date: _____