AUDITION PACKET 2019

CONTACT:
JONNI ROGERS, HEAD COACH
JONNIR35@BERKELEY.EDU
2019-2020 CAL DANCE TEAM
AUDITION APPLICATION

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION:

- $20 APPLICATION FEE CASH OR CHECK MADE PAYABLE TO UC REGENTS
- An unofficial transcript (You must have at least a 2.0 GPA in order to tryout!)
- A small photo of yourself (HEADSHOT)
- Release Agreement
- New Athlete Health History (or a current physical)
- Athletes Health History Questionnaire
- Letter of Acceptance if you are an Incoming Freshman- If you do NOT have this you will not be eligible to audition

Name ___________________________________________ SID#

Address __________________________________________

City, State, ZIP

Phone ____________________________ Emergency Name/Phone ____________________________

Are you an Incoming Freshman yes or no (circle) If so, please attach a Letter of Acceptance with your application.

Approximate Semester and Year of Graduation Email Address:

Dance Experience
Dance Training, how many years (jazz, ballet, hip-hop, etc.); Name of studio and teachers:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Other dance experience (specify name of dance teams, cheerleading, songleading, performances, theatre, tumbling, etc.)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Personal
Have you ever been a part of a UCB student group? YES NO

If so, what group(s)?
Did you ever hold a leadership position?  YES  NO

If so, please specify and explain your duties:

______________________________________________________________________________

______________________________________________________________________________

Why would you like to be a Cal Dance Team member at the University of California, Berkeley?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

If chosen, what would you contribute to the Cal Dance Team?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Additional Information about yourself you would like to share:

______________________________________________________________________________

______________________________________________________________________________

This application must be submitted on Saturday, April 27, 2019 at auditions
# 2019-2020 Cal Dance Team

## Responsibilities and Schedule

### Responsibilities

Responsibilities include, but are not limited to all practices (summer, winter & school semesters) and conditioning during the year, Friday noon rallies, football, volleyball, men’s & women’s basketball games, alumni and community events, Cal Spirit events and fundraising. Some events occur after the basketball season ends, which you will be required to attend.

You will be required to return to Berkeley **Sunday, July 28th** to begin rehearsals.

### Practices

<table>
<thead>
<tr>
<th>Season</th>
<th>Time</th>
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<tbody>
<tr>
<td>Summer</td>
<td>Monday through Thursday: 2:00pm-5:30pm &amp; 7:00pm-10:00pm</td>
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<tr>
<td>Fall</td>
<td>Tuesday, Wednesday &amp; Thursday 7:00pm – 10:00pm</td>
</tr>
<tr>
<td>Spring</td>
<td>Tuesday &amp; Thursday 7:00pm-10:00pm</td>
</tr>
</tbody>
</table>

*Note: Times and days vary depending on the facility and competition schedule*

### Football Season

- **Friday Rallies & Practice**
  - Call time: 11:30am. On Friday evening attend Band/field rehearsals
  - Bonfire Rally – Friday evening prior to Big Game

- **Games**
  - Saturday arrive 3 hours prior to start of game. Perform at March to Victory and pre-game rally on upper Sproul. March up with the Band to Memorial Stadium stopping at Maxwell Field to perform at Tailgate Town.

- **Travel**
  - For away football games, you will leave Friday morning and return Saturday evening after the game.

- **Big Game**
  - Perform at several community and alumni events beginning on the previous Sunday through the following Sunday or Monday, if the Bears win.

- **Bowl Game**
  - Bowl games are usually held between December 23rd and January 1st. All Dance Team members are required to be available. (**NOTE:** This is during the winter holiday, so you must be available to travel during that time. Do not make holiday plans until you know your travel and game schedule)

### Volleyball

- **Games**
  - Perform at some home volleyball matches. Matches begin at 7:30pm.

- **Post Season**
  - Participation is mandatory if the Volleyball Team hosts the NCAA Playoffs at home or advances to the Final Four

### Basketball
Games
Pre-season games are played on various days of the week. Pac-12 games are played on any day depending on the TV schedule.

Travel
Post-Season Pac-12 Tournament and NCAA/NIT Tournament in March. The Women’s Pac-12 Tournament is scheduled for the first week in March and is located in Las Vegas, NV. The Men’s Pac-12 Tournament is scheduled for the second week in March and is located in Las Vegas, NV. (NOTE: This is during Spring Break, so you must be available to travel during that time. Do not make plans until you know your travel schedule)

Winter Break & Spring Break
Cal Dance Team members must be available during Winter Break and Spring Break for basketball games. Do not make plans until the schedule has been confirmed. Missing games can result in consequences. Please let your family know that you must be available during these times. If they purchase tickets for you as a gift you are not excused and will still be responsible for the games you are assigned. Be proactive!

Other
Cal Dance Team must be available for numerous alumni, community, campus and fundraising events that occur sporadically throughout the year. Also, other public appearances are sometimes requested and each member is required to attend. Events and appearance requests may go past the basketball season, which you will be required to attend.

Cal Dance Team members could have additional cost to cover throughout the year.

Should you leave the program at any point in the year, you must wait one full season to try out for the team again. For example should you leave this Fall, you cannot tryout until 2021-2022 season.

Please note that the schedules shown are estimates based upon previous year’s schedules. The schedule may vary from year to year.
**PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Sex</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
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<thead>
<tr>
<th>UHS Medical Record #</th>
<th>Student ID Number (Reg #)</th>
<th>Sport / Event / Position</th>
<th>☐ Returning UCB athlete</th>
<th>☐ New UCB athlete</th>
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<th>Campus Street Address</th>
<th>City/Zip</th>
<th>Pager/Cell Phone Number</th>
<th>Campus Phone Number</th>
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<th>Parents'/Guardians' Names</th>
<th>Relationship</th>
<th>Work/Cell Phone Numbers</th>
<th>Home Phone Numbers</th>
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<td></td>
<td>☐ Father</td>
<td>☐ wk ☐ c</td>
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<td></td>
<td>☐ Mother</td>
<td>☐ wk ☐ c</td>
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<td>☐ Other</td>
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<td>☐ Other</td>
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</tr>
</tbody>
</table>

**PRIMARY HEALTH INSURANCE INFORMATION**

Please have parents help you complete this section.

<table>
<thead>
<tr>
<th>☐ Student Health Insurance Plan (SHIP).</th>
<th>Pre-authorization Phone #</th>
<th>☐ I have additional insurance through family.</th>
<th>Primary Care Physician’s Name</th>
<th>☐</th>
<th>Physician’s Phone #</th>
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<table>
<thead>
<tr>
<th>Additional Health insurance Company (Parent’s/Guardian’s)</th>
<th>☐ HMO</th>
<th>☐ PPO</th>
<th>Policy Number</th>
<th>Group Number</th>
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<table>
<thead>
<tr>
<th>insurance Company’s Address</th>
<th>City</th>
<th>State/Zip</th>
<th>Insurance Company’s Phone #</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Insured Parent or Guardian</th>
<th>Relationship</th>
<th>Insured’s Social Security #</th>
<th>Insured’s Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>☐ Mother</td>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL HISTORY (Orthopedic)**

Yes ☐ No ☐ 
Check whether you have had any of the following injuries. If YES, provide approximate date(s) and details.

☐ ☐ Concussion or head injury

☐ ☐ Broken nose

☐ ☐ Neck injury involving nerves, bones, or spinal cord, including splints

☐ ☐ Shoulder dislocation, separation or other shoulder injury

☐ ☐ Elbow injury

☐ ☐ Wrist injury

☐ ☐ Hand or finger injury

☐ ☐ Back injury, or low back pain that required medical treatment

☐ ☐ Hip injury

☐ ☐ Knee injury

☐ ☐ Ankle injury

☐ ☐ Foot injury

☐ ☐ Other fractured bone, or stress fracture

☐ ☐ Other significant musculoskeletal injury (e.g. shin splints, pelvic, groin, hamstring injuries)

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Athlete’s Health History
MEDICAL HISTORY (continued)

List the approximate dates and details of any previous surgeries not listed above.


List the approximate dates and details of any hospitalizations for reasons other than surgery not listed above.


### Check whether you or a family member has had any of the following conditions.
*If YES, provide approximate date(s) and details; if family member, specify relation to you.*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>Heart murmur</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Chest pains or heart palpitations with or without exercise</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Fainting or near-fainting, passed out</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Irregular heart beat or extra beats</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Excessive or unexplained shortness of breath or excessive fatigue with exercise (e.g. asthma)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Sudden death without warning before age 50</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Other history of heart problems</td>
</tr>
</tbody>
</table>

### Check whether you have ever had any of the following conditions.
*If YES, provide approximate date(s) and details.*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th></th>
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<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>Anemia (including sickle cell trait)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Asthma, allergy, hay fever</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Blood clots/ Bleeding disorders</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Breast lump or discharge</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Chemical dependency</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Depression or recurring anxiety</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Diabetes</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Eating disorder</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Epilepsy or seizures</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Frequent diarrhea/constipation (specify/circle)</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Heat illness or cramps</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Hemia</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Kidney or bladder problem</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Liver disease (hepatitis)</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Migraine headaches</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Mononucleosis</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Skin problems</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Testicular or other genital problems</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Thyroid disease</td>
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<td>☐</td>
<td>☐</td>
<td>Ulcers, stomach problem</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Ulcerative colitis, Crohn's disease</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Unusual bleeding or bruising</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Weight loss greater than 10 lbs</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Other</td>
</tr>
</tbody>
</table>

*Last Name*  
*First Name*  
*MI*

Athlete's Health History
### Medications

#### Dosage and Frequency

List all medications you are presently taking. Include prescriptions, over-the-counter medications, performance enhancers/supplements, vitamins, birth control pills.

<table>
<thead>
<tr>
<th>Medications</th>
<th>Dosage and Frequency</th>
<th>Reason for taking</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

#### Reason for taking

Check whether you have had any of the following conditions. If YES, provide approximate date(s) and details.

- Allergy or severe reaction to any medication (specify type of reaction)
- Any other allergy, or severe reaction to insect, bees, wasps or food (specify type of reaction)
- Do you wear glasses or contacts? **Circle one:**
  - glasses
  - contacts
  - both
  - Approximate dates of last eye exam

- A dental plate or a broken, chipped or loose tooth (specify)
- Are you missing any of the following organs? **X:**
  - eye
  - kidney
  - testicle (specify)
- I use/used tobacco products. **Circle all that apply:**
  - smokeless tobacco
  - cigars
  - pipe
  - cigarettes
  - packs/day
  - years smoked
- In the past year did you drink any alcohol? **Circle average/typical use:**
  - 1 or fewer
  - 2-3
  - 4-5
  - more than 5 drinks/week

Check, which is applicable

- I am
- over-weight
- under-weight
- ideal weight — specify

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### For women only

- **Date of your last menstrual period**
- **Number of periods you have had in the last 6 months**
- **Usual length of time between your periods**
- **Date of last pelvic exam and Pap smear**
- **Date(s) and details of abnormal Pap smear(s) or other findings**
- **Longest time (in months) you have gone without a menstrual cycle**
- **Months**

---

### Immunization History

Check whether you have been immunized for any of the following. If YES, provide approximate date(s) and details. Also indicate if you have ever been diagnosed with any of the following.

- German measles (rubella)
- Hepatitis B (attach required form from website)
- HPV (Gardasil)
- Measles (year of 2nd shot)
- Meningococcal (Menomune or Menactra: specify)
- Mumps
- Pertussis (Adacel)
- Polio
- Tetanus (date of last booster)
- Tuberculosis skin test (year)
- Varicella/chicken pox
- Other (pneumovax, influenza)

---

I have answered the above questions truthfully to the best of my knowledge.

### Athlete’s Signature

#### Date

### Parent's or Guardian's Signature

#### Date

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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</thead>
</table>

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### Athlete’s Health History
View Patient Template

[PatientTemplateID: 195]

Items marked with **are required.
ATHLETE'S HEALTH HISTORY QUESTIONNAIRE

Instructions:
Please complete this form prior to being seen for your appointment.

CONTACT INFORMATION

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN:</th>
<th>Father</th>
<th>Mother</th>
<th>Other</th>
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<td>- Name</td>
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<td>- Work/Cell Phone #:</td>
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<td>- Home Phone #</td>
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<th>PARENT/GUARDIAN:</th>
<th>Father</th>
<th>Mother</th>
<th>Other</th>
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<td>- City/State/Zip:</td>
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PRIMARY HEALTH INSURANCE INFORMATION

NOTE: Your input in this section will not waive you out of SHIP or affect your SHIP enrollment status.
If you are interested in waiving SHIP, please see uhs.berkeley.edu/insurance/waiving-ship.
Please have parents help you complete this section

Insurance types:  

- Student Health Insurance Plan (SHIP)  
- I have additional insurance through family
Pre-authorization Phone Number

Physician's Phone #

Primary Care Physician's name:

Additional Health Insurance Company (Parent or Guardian's) □ HMO  □ PPO

- Company Name
- ID #
- Group #
- Insurance Company's Address
- City
- State
- Zip
- Phone #

- Name of Insured Parent or Guardian
- Relationship  ○ Father ○ Mother ○ Other
- Insured's ID #
- Insured's Date of Birth

SPORT

--select one--

PERSONAL HISTORY:
Are you experiencing any symptoms related to a head injury/concussion: ○ Yes ○ No
If YES, provide approximate date(s) and details

CARDIAC HISTORY

Check whether you or a family member has had any of the following conditions. If YES, provide approximate date(s) and details; if family member, specify relation to you.
* Also make sure you complete the Family History and Intercollegiate Student Athlete Family History section below*

Have you had a heart murmur? ○ Yes ○ No
Have you ever passed out or nearly passed out DURING or AFTER exercise?  
○Yes ○No

Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?  
○Yes ○No

Does your heart ever race or skip beats (irregular beats) during exercise?  
○Yes ○No

Do you get lightheaded or feel more short of breath than expected during exercise?  
○Yes ○No

Do you get more tired or short of breath more quickly than your friends during exercise?  
○Yes ○No

Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50?  
○Yes ○No

Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?  
○Yes ○No

Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?  

Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?  
○Yes ○No
OTHER MEDICAL

List specific dates and details of any injury or illness that you have had since your last intercollegiate Athletics physical exam or health history review, for which you have not completely recovered or rehabilitated.

I use/used tobacco products:
- If yes, check all that apply: 
  - Smokeless Tobacco
  - Cigars
  - Pipe
  - Cigarettes
- Packs per day:
- Years smoked:

In the past year did you drink any alcohol?:
- If yes, average/typical number of drinks per week:
  - 1 or fewer
  - 2-3
  - 4-5
  - More than 5

IMMUNIZATIONS

Complete the Immunizations Form in this Patient Portal.

☐ I have answered the above questions truthfully to the best of my knowledge.**

Submit
RELEASE WAIVER

I understand that there are risks and dangers inherent in participating and/or receiving instruction in Cal Dance Team. I also understand that in order to be allowed to participate and/or receive instruction in Cal Dance Team I must give up my rights to hold The Regents of the University of California liable for any injury or damage which I may suffer while participating and/or receiving instruction in Cal Dance Team.

Knowing this, and in consideration of being permitted to participate and/or receive instruction in the Cal Dance Team, I hereby voluntarily release The Regents of the University of California from any and all liability resulting from or arising out of my participation and/or receipt of instruction in Cal Dance Team.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents, and employees of those entities.

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated buy me, arising out of my participation and/or receipt of instruction in Cal Dance Team. This Release constitutes a complete release, discharge and waiver of any and all actions or causes of action against The Regents of the University of California, its officers, agents, or employees.

I understand and agree that this release applies to personal injury, property damage, or wrongful death, which I may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in Cal Dance Team.

I understand that and agree that this Release will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and guardian ad litem for said children.

I understand and agree that by signing this Release, I am to release, indemnify and hold The Regents of the University of California and their officers, agents, and employees harmless from any and all liability or costs, including attorney’s fees, associated with or arising from my participation and/or receipt of instruction in Cal Dance Team.

I understand that if I am signing this Release on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document on my own behalf.

I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction in Cal Dance Team.

Dated: ____________________

Print Name: ___________________________

Sign Name: ___________________________