DANCE TEAM

AUDITION PACKET 2018

CONTACT:
JONNI ROGERS, HEAD COACH
JONNIR35@BERKELEY.EDU
2018-2019 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)
● Letter of Acceptance if you are an Incoming Freshman- If you do NOT have this you will 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 attached 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 28, 2018 at auditions
2018-2019 CAL DANCE TEAM
AUDITION REQUIREMENTS

General Information

The Cal Dance Team is an organization of young women that uniquely combines elements of dance and songleading into dynamic performances for Cal athletics, campus, alumni and community events.

The Cal Dance team currently functions under the direction of an advisor and coach. Physical and medical support is available through the Cal athletic department.

All current squad members must audition for each successive year in which they wish to participate. A squad of no more than 10-14 members will be selected for each season.

You will need to provide your own make-up, hair products, and stockings. Members may be required to pay a participation fee to offset the cost of camp, uniforms and travel. A payment plan can be set up for your convenience. Unpaid fees will be applied to your CARS account at the end of the year.

Each member of the squad will receive 2 home football and men’s basketball tickets. Tickets to other contests, i.e., bowl games, NCAA tournament and Pac-12 tournaments will be issued at the discretion of the Athletic Department. This is subject to change.

In order to audition for the Cal Dance Team you must be a current registered Cal student with at least a 2.0 GPA or have received a letter of acceptance and have committed for Fall 2018 by the audition date. Fall Program for Freshman students are eligible to audition.

Fill out and bring with you all documents listed under Required Forms. This includes the application with a $20 application fee, photo and transcripts, Health History Form and Release Waiver. You will be required to carefully read and sign the Cal Dance Team Constitution, Code of Conduct and Travel Policies plus the Strike System which states guidelines for all members of the team.

Football Season

● Performs a more traditional songleading style of dance and performed to band music.
● Performs short game action cheers or chants lead by the Mic Men but the squad itself does not lead cheers. The squad does not stunt; however, we welcome those who can tumble.
● 3-4 Hour call time prior to game, “gameday ready”

Basketball Season

● Perform routines choreographed to band music during time-outs of basketball games.
● Perform halftime routines (of various styles) to pre-recorded music during basketball games.
● Perform short game action cheers or chants lead by the Mic Men but the squad itself does not lead cheers. The squad does not stunt; however, we welcome those who can tumble
● 30 minute call time prior to game, “gameday ready”
**Audition Requirements**

**Required Forms**
- 2018-2019 Application w/photo
- $20 application Fee
- Health History Form
- Release Agreement
- Transcripts (seniors bring your High School transcripts)

*Note: You may not audition if your forms are incomplete*

**Open Workshops**
- Monday, April 16th Haas Pavilion 730-10pm & Tuesday April 24th Hearst Memorial Gym 7-10pm

**Pre-Audition Clinic**
- Friday, April 27th 7pm-10pm Haas Pavilion (required)

**Auditions**
- Saturday, April 28th 12:00pm (registration begins at 11:00am) Haas Pavilion

**Audition Itinerary**
- Check Ins, Warm up, review dance material, across the floor, perform dance in groups of three. There may be callbacks.

**Audition Attire**
- Please wear all black clothing. Jazz pants or dance shorts with flesh colored tights under are acceptable. Shirts should be form fitting tanks or halters. Mid-drift bearing tops are unacceptable. Jazz shoes only. NO tennis shoes. Hair and makeup are to be game day ready. This means hair is to be worn down and curled, with bangs out of face. Makeup should include foundation, blush, neutral color shadow, mascara, liner and RED LIPSTICK.

**Dance Requirement**
- You must be able to perform the following:
  - **Turns** – clean jazz triple pirouette, triple coupe’ turn, one 8 count of seconds into a double or triple pirouette, double pirouette into plié coupe’ double turn.
  - **Kicks** – front, side, back and tilt. Expect to perform a two 8 count kick line, fans.
  - **Extensions** – leg hold on the right and left side. Front/Side Leg hold turn.
  - **Leaps** – split leap, jump in seconds (Russian split leap), turning leap with a back attitude (Calypso, standing and to the ground)

*Feel free to display any additional tricks or tumbling in the Freestyle portion of your audition.

**Extra-** Illusions, Aerials (optional), Attitude turns, Needle, all splits,

*Do not wear watches, rings or jewelry other than stud/post earrings. Nude nail polish or French Manicure only. Tattoos must be covered.*
2018-2019 CAL DANCE TEAM  
CANDIDATE CONTRACT

General Information

Congratulations! You have been selected as a candidate for the CAL Dance Team.

Please initial and sign all items below which signify that you understand the commitment to the CAL Dance Team and that you will, if selected as full time member of the CAL Dance Team, adhere to this commitment.

Football Season

Initial
Available for all home and travel games
Available for post-season Bowl game
Tuesday/Thursday rehearsal 7-10pm
*Wednesday evenings at field until games begin.

Basketball Season

Initial
Available for all home men’s and women’s basketball games
Available for games during Thanksgiving break
Available for games during Winter and Spring breaks
Available for post-season Pac-12 and NCAA Tournament travel
Tuesday/Thursday rehearsal 7-10pm
*Wednesday evenings if needed

Responsibilities

Initial
Responsibilities include (but are not limited to): all practices and conditioning during the year, summer practices, photoshoots, Friday noon rallies, football, volleyball, men’s and women’s basketball games, alumni and community events, appearances, Cal Spirit events and fundraising until the end of the Spring semester.

You will be required to carefully read and sign the Cal Dance Team constitution, code of conduct, travel policies and points system document which states guidelines for all members of the team.

**New Members are responsible for payment of ONE sparkle dress ($280). This sparkle dress will be for the dance team member to keep and have responsibility over. If lost/ruined will be responsible for new one. This payment is due by JUNE 1st 2018! All other uniform pieces are included/owned by UC Berkeley and will be turned in after each season.

Summer Practices

Initial
You will be required to return to Berkeley Monday, July 30th to begin rehearsals four days a week up to 2-3 weeks.

End of Season Showcase

Initial
You will be required to perform, plus sell minimum of 10 tickets for event.
2018-2019 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 **Monday, July 30st** to begin rehearsals.

Practices

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

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

Football Season

- **Rallies**
  - Friday’s at noon for a half-hour on upper Sproul for all home football games.
  - Call time: 11:30am
  - Homecoming Rally – Friday evening prior to Homecoming game.
  - 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 FunZone.

- **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 Seattle, WA. The Men’s Pac-12 Tournament is schedule 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.** 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.

**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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<table>
<thead>
<tr>
<th>Campus Street Address</th>
<th>City/Zip</th>
<th>Pager/Cell Phone Number</th>
<th>Campus Phone Number</th>
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<thead>
<tr>
<th>Parents'/Guardians' Names</th>
<th>Relationship</th>
<th>Work/Cell Phone Numbers</th>
<th>Home Phone Numbers</th>
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<thead>
<tr>
<th>Parents'/Guardians' Street Address</th>
<th>City</th>
<th>State/Zip</th>
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## PRIMARY HEALTH INSURANCE INFORMATION

Please have parents help you complete this section.

- ☐ Student Health Insurance Plan (SHIP).
- ☐ I have additional insurance through family.

<table>
<thead>
<tr>
<th>Pre-authorization Phone #</th>
<th>Primary Care Physician's Name</th>
<th>Physician's Phone #</th>
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<tr>
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<table>
<thead>
<tr>
<th>Additional Health Insurance Company (Parent's/Guardian's)</th>
<th>☐ HMO</th>
<th>☐ PPO</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>
<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>
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## 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 stingers
- ☐ 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>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.</th>
</tr>
</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>
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<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>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Sudden death without warning before age 50</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Other history of heart problems</td>
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</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Check whether you have ever had any of the following conditions. If YES, provide approximate date(s) and details.</th>
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<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>Anemia (including sickle cell trait)</td>
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<td>☐</td>
<td>☐</td>
<td>Asthma, allergy, hay fever</td>
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<td>☐</td>
<td>☐</td>
<td>Blood clots/ Bleeding disorders</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Breast lump or discharge</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Chemical dependency</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Depression or recurring anxiety</td>
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<td>☐</td>
<td>☐</td>
<td>Diabetes</td>
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<td>☐</td>
<td>☐</td>
<td>Eating disorder</td>
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<td>☐</td>
<td>☐</td>
<td>Epilepsy or seizures</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Frequent diarrhea/constipation (specify/circle)</td>
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<td>☐</td>
<td>☐</td>
<td>Heat illness or cramps</td>
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<td>☐</td>
<td>☐</td>
<td>Hernia</td>
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<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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<td>☐</td>
<td>☐</td>
<td>Migraine headaches</td>
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<td>☐</td>
<td>☐</td>
<td>Mononucleosis</td>
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<td>☐</td>
<td>☐</td>
<td>Skin problems</td>
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<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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<tr>
<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>
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<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

<table>
<thead>
<tr>
<th>Dosage and Frequency</th>
<th>Reason for taking</th>
</tr>
</thead>
<tbody>
<tr>
<td>List all medications you are presently taking. Include prescriptions, over-the-counter medications, performance enhancers/supplements, vitamins, birth control pills.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Check whether you have had any of the following conditions. If YES, provide approximate date(s) and details.</td>
<td></td>
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</tbody>
</table>

- □ 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
  - □ over-weight
  - □ under-weight
  - □ ideal weight – specify _________________________

### For women only

<table>
<thead>
<tr>
<th>Date of your last menstrual period</th>
<th>Number of periods you have had in the last 6 months</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Usual length of time between your periods</th>
<th>Date of last pelvic exam and Pap smear</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date(s) and details of abnormal Pap smear(s) or other findings</th>
<th>Longest time (in months) you have gone without a menstrual cycle</th>
</tr>
</thead>
</table>

### IMMUNIZATION HISTORY

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

- □ German measles (rubella)

- □ Hepatitis B (attach required form from web site)

- □ HPV (Gardisil)

- □ Measles (year of 2nd shot _________________________)

- □ Meningocccocal (Menomune or Menactra: specify___________)

- □ Mumps

- □ Pertussis (Adacel)

- □ Polio

- □ Tetanus (date of last booster ____________) tdap _______

- □ Tuberculosis skin test (year ______) 1 negative 1 positive

- □ Varicella/chicken pox

- □ Other (pneumovax, influenza)

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

<table>
<thead>
<tr>
<th>Athlete’s Signature</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Parent’s or Guardian’s Signature</th>
<th>Date</th>
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</table>
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 by 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 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: ____________________________