



# IOWA DANCE TEAM CONVENTION

**Attention Dancers! The 4<sup>th</sup> Annual Iowa Dance Team Convention will feature Jazz, Pom, Hip Hop and Contemporary routines, Technique classes and a MASTER CLASS. Whether you are planning on trying out for the Iowa Dance Team this spring, looking for more material, or just want a reason to DANCE, the IDT Convention is perfect for YOU!**

**NOVEMBER 9, 2013**

**Field House North Gym**

**Cost: \$50/dancer for the ENTIRE day, plus a 2013 IDT Convention shirt!**

**\*If you register a TEAM of 10 or more, you receive the discounted price of \$40/dancer.**

**Tentative Schedule:**

**8:30AM Registration**

**9:00AM Warmup**

**9:30AM Learn 'A' Routine**

**10:30AM Show 'A' Routines**

**10:45AM Technique Stations**

**11:30AM Lunch Break (Bring your own!)**

**12:30PM Master Class**

**1:30 PM Learn 'B' Routine**

**2:30 PM Show 'B' Routines**

**2:30PM Show 'B' Routines**

**2:45PM Q & A with the IDT**



**ARE YOU LOOKING FOR STATE  
ROUTINE CRITIQUES?**

We have space for 12 teams to be coached by 4 IDT members for a 30 min session after our clinic. **COST:** \$.50/team! First come, first serve!

**To Register – Visit [www.hawkeyesports.com](http://www.hawkeyesports.com),  
our facebook page, or  
email coach Jenny Eustice:  
[Jennifer-eustice@hawkeyesports.com](mailto:Jennifer-eustice@hawkeyesports.com)**

The University of Iowa does not discriminate in its educational programs and activities on the basis of race, national origin, color, and creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and the ADA in the Office of Affirmative Action, (319) 335-0705 (voice) or (313) 335-0697 (text), 202 Jessup Hall, The University of Iowa, Iowa City, Iowa, 52242-1316.

Individuals with disabilities are encouraged to attend all University of Iowa sponsored events. If you are a person with a disability who requires and accommodation in order to participate in this program, please contact the Iowa Spirit Squads at (319) 335-9251



# IOWA DANCE TEAM CONVENTION

**REGISTRATION FORM (Copy as needed)**  
**This form and payment are due October 31, 2013**

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

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

School Name: \_\_\_\_\_

T-Shirt Size (circle one): Youth Large      Adult Small      Adult Medium      Adult Large

School Type(circle one): High School      College

Year in School (circle one): Freshman      Sophomore      Junior      Senior

**Participation Cost: \$50/dancer      Team State Routine Critique: \$50/team**  
*(\$40/dancer for clinic if you are registered as a team of 10 or more- Please send in ALL forms TOGETHER)*

**Amount Enclosed: \$\_\_\_\_\_**

**Make checks payable to: University of Iowa Athletic Department**

**You MUST pre-register to get a t-shirt – OR – Bring your registration to the event (\$50 still applies, but no shirt)**

University of Iowa Spirit Squads – IDT Convention  
N411 Carver Hawkeye Arena  
Iowa City, IA 52242-1020

*NOTE: Medical Release below must be signed in order to participate.  
Cancellations and refunds will incur a \$5 handling fee per person*

**Permission, Medical and Liability Release Form**

I understand that by taking part in this event there is a possibility of injury or illness to my child or myself; therefore I give permission for my child or myself to participate in The University of Iowa Spirit Squad's Dance Team Convention on November 9, 2013. I understand that there are risks involved in participating in cheerleading, dance, and mascotting that may include minor injury, major injury, paralysis or even death. I do hereby grant permission to hospital staff members to administer treatment to my child or myself in the event of injury or illness.

I also agree to hold harmless the State of Iowa, The University of Iowa, Iowa Spirit Squads and it's officers for any and all liability for negligence or any other claim against the above parties, for any injury or illness incurred as a result of my child's or my participation in this clinic. Any court or attorney's fees will be taken care of by the injured or ill party.

I also understand that The University of Iowa may use my child's or my likeness, face, name or appearance in any video or photographs taken at the event. These video clips or photographs may be used in promotions, presentations or for broadcast, as needed, by The University of Iowa or any third party organization involved with the event.

Students's name(s): \_\_\_\_\_

\*\*Emergency phone for November 9, 2013: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Allergies: \_\_\_\_\_

Parent's or Individuals (if 18 or older) signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* ALL PARTICIPANTS MUST BRING SIGNED COPY TO THE EVENT \*\***  
COPY THIS FORM AS NEEDED