

IOWA DANCE TEAM



College Prep Clinic

REGISTRATION FORM (Copy as needed)

This form and payment are due February 23, 2014

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ E-Mail: _____

School Name: _____

School Type(circle one): High School College

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

Participation Cost: \$25/dancer

Amount Enclosed: \$_____

Make checks payable to: University of Iowa Athletic Department

University of Iowa Spirit Squads – College Prep Clinic

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 February 23, 2014. I understand that there are risks involved in participating in cheerleading, dance, and mascot 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.

Student's name(s): _____

**Emergency phone for February 23, 2014: (_____) _____ - _____ 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