

Flagler College Dance Team Application 2006

Name _____ Try Out # _____

Student Box # _____ Birthdate _____

Cell Phone/home _____ E-mail Address _____

Major _____ GPA _____ Expected Grad date _____

Other activities and interests _____

Emergency Contact Name & number: _____

Dance Experience: _____

How do you view your role as a dance team member? _____

List any injuries/medical concerns: _____

Have you had a physical? Yes No Received Medical Clearance? YES NO

Are you willing to be an alternate team member? YES NO