Milwaukee Panther Dance Team

	2023-2024 Application The following items must be emailed with the application:			
	☐ Proof of Admission – Copy of Acceptance letter (new students)			
	Recent Headshot			
	☐ Tryout Fee			
Name:	Birthdate:			
Email Address:				
Student ID #:	Instagram Handle:			

Emergency Contact:

Address:

Please provide emergency contact and your health insurance information. Although insurance is not required to tryout, each candidate is responsible for his or her own medical expenses in case an accident should happen. (see release statement below)

City: ______ State: ____ Zip: _____ Cell Phone: _____

Contact Name:	Phone:
Insurance Company: _	Policy #:

Personal Information:

Year In School 23-24: (FR) (SO) (JR) (SR) Major:
Name (as you want listed on the website):
Hometown: High School:
Years on High School Dance Team (specify whether on Varsity or JV):
Dance Studio Attended:
Years at studio:
Describe Dance Background and Accomplishments:

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Why are you interested in become	ning a member of the	Milwaukee Panth	er Dance Team?	
f chosen, what are your goals?				
What special qualities or skills o	o you possess that w	vould make vou an	asset to the team?	
vitat special qualities of skills t			asset to the team:	
low did you boom about the contract				
low did you hear about tryouts	·			

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Release Statement/Hold Harmless Agreement

I understand that my participation in the Milwaukee Panther Dance Team tryouts, at the University of Wisconsin-Milwaukee is purely voluntary. I also agree that I will be available for the entire term of the position, May 2023 - May 2024, and will not graduate before May 2024.

As in any athletic or physical activity, I understand there is risk for injury and bodily harm (including accidental death). I agree to hold harmless and indemnify the Milwaukee Panther Dance Team members, coach, advisor, and any tryout staff against all loss, liability, damage or expense (including costs and attorney fees) by reason of liability imposed upon it by law for damages because of such participation. I also acknowledge that I am in excellent physical and mental condition that will allow for participation in an aerobic exercise situation. The undersigned is encouraged to secure adequate insurance protection, as the Milwaukee Panther Dance Team does not provide medical insurance coverage covering such injury.

The State of Wisconsin grants collegiate student organization the right to organize without administrative interference; therefore, the University of Wisconsin-Milwaukee is not liable for actions or debts created by student organizations. Although this activity may occur on the campus of the University of Wisconsin-Milwaukee, the Milwaukee Panther Dance Team is not eligible for liability protection under the State of Wisconsin Self-Funded Liability Program. The undersigned understands that this activity is amateur and informal, and not part of the University of Wisconsin-Milwaukee.

Your signature acknowledges that you have read and understand the Dance Team Member's Responsibilities (available on the Dance Team's website, (www.mkedanceteam.com). A parent's signature acknowledges that she has read the application material and understand all of the responsibilities listed. *Note: If you are under the age of 18, a parent or guardian must also sign.*

Your Signature:	Date:
Parent's Signature (If Needed):	Date: