Dance and cheer with The University of Alabama’s official dance team—the CRIMSON CABARET

Tuscaloosa, Alabama—April 15-16, 2016

ONLINE REGISTRATION

REGISTER ONLINE AT WWW.ROLLTIDE.COM
Click TICKETS tab, Buy Tickets, Camps, Crimson Cabaret
Complete Online Registration, Pay $35 Audition Fee Online
Print and Complete Required Forms and Mail to Coach Marion Powell
(address below)

☑ Perform pre-game, half-time and sideline routines at Crimson Tide basketball games
☑ Travel to the Southeastern Conference Basketball Tournament and NCAA Tournaments
☑ Perform for UA events including homecoming activities—parade, quad performances, pre-game, football game—gymnastics, volleyball and tennis
☑ Perform for charitable organizations, local schools, and spirit events
☑ Attend UDA Summer College Dance Camp
☑ Promote spirit and support all University of Alabama athletic teams
☑ Serve as ambassadors of The University of Alabama and uphold, reflect, and project the goals and ideals of The University of Alabama
☑ Maintain a positive attitude and approach every challenge in a professional manner
☑ Compete at UDA College Dance Team Nationals in Orlando, Florida
☑ Operate with a minimum of twelve dancers
☑ Program consists of dance technique and skills, cardiovascular/strength training classes, and academic excellence

QUALIFICATIONS AND APPLICATION INCLUDED IN THIS PACKET
AUDITION REQUIREMENTS

Must be currently enrolled or accepted to The University of Alabama. High school seniors and transfer students are eligible to audition provided you can provide a copy of UA acceptance letter. Current University of Alabama students should attach “Enrollment Verification” from the University Registrar and proof of overall GPA.

Current students must have a cumulative overall GPA of 2.0 or better.

Must attend a two-day reception and audition on Friday and Saturday, April 15 and 16, where dance routines and skills will be evaluated; dancers making the team must attend a meeting directly following auditions on April 16. No audition video submission. Refer to the “Audition Schedule of Events” for audition schedule.

REQUIRED COMMITMENTS AND DATES: Must be able to attend all rehearsals, technique classes, workouts, games, summer rehearsals and other related activities during the 2016-2017 year. Required dates: Summer rehearsals—July 13-21; Camp (4-day), July 22-25; Athletic physicals, August 13. Semester dance team rehearsals begin on August 21, and workouts on August 22. (Students wishing to attend summer school should take “Summer Interim” (May 9-27) and/or “First Half of Session” (May 31-June 28)

No audition applications will be taken prior to mid-January of the audition year.

Submit the following documentation to be placed on the audition roster:
(all forms must have parent signatures if student is under 19 years of age):
1. Resume and Picture (Application online with fee)
2. Proof of Acceptance to The University of Alabama and GPA
3. Preparticipation Physical Evaluation—History and Physical Examination Form dated and signed by a physician within the last 12 months
4. Athletic Dept. Medical Insurance Form and copy front & back of insurance card
5. Crimson Cabaret Rules and Regulations (signed copy)
6. Consent to Participate & Acknowledgement of Risk (Walk-On) form
7. Disclosure of Confidential Information form

Interested ladies should complete and mail the required documents and a non-returnable photograph of yourself to the address below. (Photograph for identification only.)

Mail to: Marion Powell
Crimson Cabaret Coordinator
Audition Application
1201 Coliseum Dr., Room 314
Box 870393
Tuscaloosa, AL 35486-0393

Shipping UPS, FedEx: Marion Powell
Crimson Cabaret Coordinator
Audition Application
1201 Coliseum Drive, Rm 314
Tuscaloosa, AL 35487

APPLICATION DEADLINE: APPLICATION PACKETS ARE DUE BY FRIDAY, APRIL 1, 2016, NO LATER THAN 4:30 PM. HAND DELIVERIES CAN BE TAKEN TO COLEMAN COLISEUM, THIRD FLOOR, ROOM 314, MEN’S BASKETBALL OFFICE.

Audition Reception will be held at C.M. Newton Room, Coleman Coliseum.
Auditions will be held at Foster Auditorium on The University of Alabama campus.
QUESTIONS AND ANSWERS

WHAT DOES IT TAKE TO MAKE THE CRIMSON CABARET DANCE TEAM?

- Dance Technique & Skills
- Personal Appearance
- Versatile Dancer-All Styles
- Physical Fitness
- Tumbling & Acrobatic Skills
- Showmanship, Projection, Poise
- Personality, Enthusiasm, Spirit
- Team Player, Punctuality

WHAT IS THE AUDITION PROCESS? Friday—reception and assessment of dance technique skills, acrobatic skills, and physical fitness. Saturday—dance routine instruction and assessment—pom, jazz, and hip hop. **NOTE:** Friday assessments are a check-off and evaluation of skill level. You may or may not be able to execute all skills. Perform skills you are comfortable executing. For safety purposes, mats will be provided for acrobatic skills. Physical fitness assessment will be a choreographed aerobic routine that will be available to learn two weeks prior to auditions. Assessments will give judges a comparison of skill level(s). Remember, we are looking for the versatile dancer—one who can execute a variety of skills.

WHAT DANCE SKILLS SHOULD I BE ABLE TO EXECUTE? Dancers should be able to execute the following skills. These and other dance skills could be incorporated into audition dances and are not limited to the following skills. Special notice will be given to those executing advanced skills.

- **Turns—** Pirouettes—double, triple, quad (left and right); Fouettes in second; spotting turns (front, side, back, side); Chaine; Pique, Illusion
- **Leaps—** Grand Jete, Attitude (Calypso), Axle, Leap to second or switch second, reverse Jetes, Toe Touch, Pike, Hurdler
- **Flexibility—** Leg extension (front and side) with and/or without hold. Extra: Scorpion
- **Acrobatic/Gymnastics—** Cartwheel, one-hand cartwheel, front/back walkover, forward/backward roll, aerial cartwheel, headstand, shoulder roll, backbend, handstand, round off, Valdez
- **Hip Hop—** Stalls, jumps, kip up, head spins, head springs (with hand support), windmills

HOW SHOULD I WEAR MY MAKE-UP AND HAIR? Hair and makeup should be “game ready.” Use make-up shades that complement your natural beauty. Hair should be curled and worn in a current hairstyle. Make sure your hair does not hide your face.

WHAT SHOULD I WEAR TO AUDITIONS? You should wear a 2-piece dance attire of your choice. Top—dance midriff or athletic sports bra top; bottom—dance booty shorts; (optional) skin colored dance tights; and dance shoes of any type. Wear something that distinguishes you from the other dancers!

HOW WILL I KNOW IF MY APPLICATION WAS RECEIVED? You will receive an e-mail that your application was processed. Any application received without the required forms will not be processed.

WHAT DO I NEED TO BRING TO AUDITIONS? Bring personal items, warm-up, dance shoes and snacks. Water will be provided. Having everything you need will help you feel confident when auditioning.

WHAT IS AUDITION TIME? Refer to **Schedule of Events** for reception and audition times.

CAN I BELONG TO OTHER DANCE TEAMS and/or DANCE GROUPS? Because of the demanding program requirements associated with the Crimson Cabaret, dancers selected to the Crimson Cabaret team will not be allowed to perform or participate with any other dance teams/groups with the exception of Dance Alabama, ARDT, or those events approved by the Crimson Cabaret Coordinator. Teaching and/or choreographic commitments must be approved by the Coordinator of the Crimson Cabaret.

CAN MY FAMILY WATCH AUDITIONS? No. The auditions are closed to the public.

ARE THERE ANY HEIGHT & WEIGHT REQUIREMENTS? We are looking for dancers who exemplify athleticism through their skill level, fitness, health and work ethic. We DO NOT have specific height and weight requirements; however, the expectation for our dancers is to maintain tryout weight and appearance along with upholding a lean and toned build for optimal skill performance. Team body fat testing is taken twice a year and the results are monitored by the trainer, team doctor, and nutritionist. Personal health and fitness are an important aspect of the program.
# Crimson Cabaret Application

## Applicant Information

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## Educational Information

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## Dance Information

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Include additional dance information on résumé.

## Safety Conditions

For safety and training purposes, please list any prior orthopedic injuries, dates of injuries, and any unusual physical conditions that should be brought to our staff’s attention. See Preparticipation Physical Evaluation Form.

## Application Packet Submittal

**Application Deadline:** Application packets and audition fees are due by Friday, April 1, 2016, no later than 4:30 p.m. Hand deliveries can be taken to Coleman Coliseum, Third Floor, Room 314, Men’s Basketball Office.

### Mailing Address:

Marion Powel  
Crimson Cabaret Coordinator  
Audition Application  
1201 Coliseum Dr., Room 314  
Box 870393  
Tuscaloosa, AL 35486-0393

**Shipping UPS, FedEx:**

Marion Powell  
Crimson Cabaret Coordinator  
Audition Application  
Coleman Coliseum  
1201 Coliseum Drive, Rm 314  
Tuscaloosa, AL 35487

Complete the following information and forms and return by deadline date.  
(Forms must be signed by a parent, if a student is under 19 years of age.)

- [ ] 1. Résumé and Picture (Application online with fee)
- [ ] 2. Proof of Acceptance to The University of Alabama (Current students must have an “Enrollment Verification” form from the University Registrar and proof of cumulative overall GPA)
- [ ] 3. Preparticipation Physical Evaluation (History Form and Physical Examination Form. Forms dated within the last 12 months and signed by a doctor)
- [ ] 4. Athletic Department Medical Insurance Information (Form and copy of medical insurance card—front and back)
- [ ] 5. Rules and Regulations (signed copy)
- [ ] 6. Consent to Participate & Acknowledgement of Risk
- [ ] 7. Disclosure of Confidential Information

### Signatures

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SCHOLARSHIPS and ACADEMICS

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Dancers who do not feel they can attend and be punctual at all rehearsals, performances, workouts, and classes should not audition for the dance team.

Dancers will wear a provided practice uniform at all rehearsals. Rehearsal dress code will be strictly enforced.

GENERAL

Dancers must return to Tuscaloosa for summer practices and college dance camp.

Team commitment is for an academic year, and may include Thanksgiving, spring break, and a portion of Christmas break due to athletic tournaments and rehearsals for college nationals.

Any member leaving the team before the full-year commitment is over, will refund the program for monies spent and invested by the program. (Example: Camp, workshops, shoes, practice attire, etc.)

Smoking or drinking is not allowed while “in uniform” or practice wear, during dance team functions, or on official travel with The University of Alabama. Violations shall be subject to serious disciplinary measures and may include dismissal from the team.

A DUI or any arrest issued to a Crimson Cabaret dancer at any time or place may result in termination from the team. An act of stealing will result in termination from the team.

Dancers must conduct themselves in an orderly, professional manner at all times and show respect toward Coordinator, team members, University employees, and instructors including dance, workout, and choreographers. They will not use profanity nor pose themselves in an offensive manner toward anyone. Use of profanity at a game or practice will dismiss you from that activity. You may be terminated or suspended for offensive language.

Dancers should maintain a neat personal appearance that prohibits a safety hazard and represents The University of Alabama in a manner which upholds its traditions and expectations.

No body piercing, which also includes the tongue; only acceptable piercing is female’s ears. No exposed tattoos at practices, performances, appearances, or games.

All Internet pictures including those on Face Book and social media should be of a positive, clean nature and should not exhibit use of alcohol, drugs, misconduct or any association or affiliation of such activity. Misappropriate use of pictures or language on the Internet or any publications will be a violation of policy will result in dismissal from team.

Non-returning dancers who leave the team in good standing should assist with spring auditions to assist dancers and the Coordinator.

AUDITIONS and ELIGIBILITY

Anyone interested in auditioning for the Crimson Cabaret dance team must submit an audition application and required forms by the deadline date.

Current University of Alabama students or transfers must have a cumulative GPA of 2.0 or better.

It is necessary to have medical insurance to be permitted to audition and to participate in the Crimson Cabaret program. Dancers must maintain medical insurance that covers injuries should they occur while participating in this program.

Special permission of the Crimson Cabaret Coordinator and the Athletic Department is required if a former squad member wishes to be reinstated after a voluntary absence or team suspension.

The Athletic Department has permission to check GPA for the purpose of auditions and team eligibility and to continue to check grades each semester while participating in the program.

Auditions will be held in April each year. Audition packet will be posted in January prior to the audition. Current dance team members are judged on their overall yearly performance and current audition; new candidates are evaluated on their performance during the audition or other witnessed by the coordinator.

Must be able to commit and attend all activities related to the Crimson Cabaret program including summer practices and camp, rehearsals, workouts, dance class, & athletic events.

Must serve as an ambassador of The University of Alabama and set standards for leadership, academic excellence and project the goals and ideals of The University of Alabama.

Maintain a positive attitude and approach every challenge in a professional manner.

Because of the demanding program requirements associated with the Crimson Cabaret, dancers selected to the Crimson Cabaret team will not be allowed to perform or participate with any other dance teams/groups with the exception of Dance Alabama, ARDT, or those events approved by the Crimson Cabaret Coordinator. Teaching and/or choreographic commitments must be approved by the Coordinator of the Crimson Cabaret.

One is eligible to dance on the dance team for a maximum of four years.

WEIGHT, NUTRITION, and SAFETY

A Crimson Cabaret dancer should focus on good nutrition, exercise, and safety.

Information and counseling relative to body weight, nutrition, personal health and exercise will be provided to the team.
Participation is required in team cardiovascular and strength training classes. Team body fat testing is taken twice a year and the results are monitored by the athletic trainer, team doctor, and nutritionist. Personal health and fitness are an important aspect of the program. A toned, well-fit lean build is vital in the prevention of injury. A dancer voluntarily assumes the risk involved by participating in dance rehearsals, games, and other functions/activities. A dancer should exemplify athleticism through skill level, fitness, health, and work ethic. Expectations include maintaining tryout weight and appearance throughout the year.

TRAVEL
Should travel to any dance function be necessary, travel will be approved and funded by The University of Alabama Athletic Department. Members must travel to an event with the dance team. The Athletic Personal Travel Release 1720 form may be completed and on file prior to travel for those who wish not to return on University provided transportation. The Crimson Cabaret Coordinator will choose who will travel to any away function when only a part of the team can attend. Students who are not in good standing regarding expectations, commitments, and program requirements, may not travel with team.

INJURIES/ILLNESSES
Any injury or illness must be reported to the Coordinator and athletic trainer immediately. Any injury suffered during rehearsals, games, or other dance functions shall be treated first by the athletic trainer and/or doctor. Any absence from rehearsal or events due to a dancer attending an appointment with a personal physician must be approved by the Coordinator and/or athletic trainer. If an injury or illness incapacitates a dancer, she will not be permitted to rehearse or dance for a period of time as determined by the athletic trainer or doctor. Return to participation at games or rehearsals will be determined by the athletic trainer/or doctor. An injured dancer is required to attend practices and functions, not necessarily participating. If an Athletic Department’s doctor recommends that a dancer no longer participate, due to injury or a health problem, the dancer shall be removed from the team. If chronic illness or injury causes a team member to miss rehearsals or games repeatedly, the team member may be removed from the team by the Coordinator.

DRUGS/DRUG TESTING
Conduct, which involves the unlawful possession, use, dispersion, distribution, or manufacture of controlled substances by a squad member, shall result in termination from the dance program. Members of the squad are subject to random drug testing by The University of Alabama Athletic Department. If a squad member has a positive test, the Athletic Department will dictate the consequences based on NCAA standards and University policy.

The preceding guidelines shall govern The University of Alabama Crimson Cabaret program. Program members shall follow these terms in order to be in good standing and remain active.

I have read carefully these guidelines and understand the information and requirements contained in it. I further understand that failure to abide by these guidelines will result in immediately disciplinary actions to include possible dismissal from the dance team.

Student’s Signature __________________________ Date ___________ UA CWID # ___________

Parent/Guardian Signature (if student is under 19) __________________________ Date ___________
**Preparticipation Physical Evaluation**

**Physical Examination Form**

**Physician Reminders**
1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any medicines to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

**Examination**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
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<tbody>
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<table>
<thead>
<tr>
<th>BP</th>
<th>Pulse</th>
<th>Vision R 20/</th>
<th>Vision L 20/</th>
<th>Corrected</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
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</tr>
</tbody>
</table>

**Medical Findings**

- **Appearance**
  - Marfan's syndrome
  - Hypertension
  - Congenital heart defect
  - Anemia
  - Carcinoid syndrome

- **Eyes/ears/nose/throat**
  - Pupil size
  - Hearing

- **Lymph nodes**
  - Size

- **Heart**
  - Murmurs
  - Arrhythmia

- **Pulse**
  - Regularity

- **Lungs**
  - Breath sounds

- **Abdomen**
  - Liver size

- **Skin**
  - Lesions

- **Neurologic**
  - Coordination

**Musculoskeletal**

- **Neck**
- **Back**
- **Shoulder/arm**
- **Elbow/forearm**
- **Wrist/hand/fingers**
- **Hip/leg**
- **Knee**
- **Leg/ankle**
- **Foot/ankle**

**Functional**

- **Walking, normal gait**
- **Standing, balance**

**Clearance:**
- Cleared for all sports without restriction
- Cleared for all sports with restrictions for further evaluation or treatment for

**Not cleared:**
- Pending further evaluation
- For any sports
- For certain sports

**Reason:**

**Recommendations:**

---

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/typewritten) ____________________________
Address ______________________________________________________
Signature of physician ____________________________

Date: ____________

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THE UNIVERSITY OF ALABAMA
ATHLETIC DEPARTMENT MEDICAL INSURANCE INFORMATION

***PLEASE REMEMBER TO INCLUDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD***

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO THE ATHLETIC DEPARTMENT IN ORDER FOR YOUR
SON/DAUGHTER TO PARTICIPATE AS A STUDENT-ATHLETE**

PLEASE PRINT EXCEPT WHERE SIGNATURES ARE ASKED FOR:

ATHLETE’S NAME: ___________________________ SPORT: ___________ YEAR: ___________

Last Name: ___________ First Name: ___________ Middle Initial: ___________

Athlete’s Social Security Number: _______ - _______ - _______

Athlete’s Date of Birth: ________ / ________ / ________

***THE AUTHORIZATION BELOW MUST BE SIGNED BEFORE WE CAN FILE A CLAIM WITH ANY INSURANCE CARRIER.***

My son/daughter is not covered under my medical insurance policy. I hereby authorize The University of Alabama Athletic Department and its representatives to inspect or secure copies of case history, laboratory reports, diagnosis, x-rays and any other data about my son/daughter in relation to any medical claim. The authorization may be photocopied and any photocopies be deemed as valid and applicable as the original.

SIGNATURE OF PARENT/GUARDIAN: ___________________________ DATE: ___________

PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD PLUS COPIES OF RELATED CARDS: PRESCRIPTIONS, DENTAL, ETC. AND A BLANK CLAIM FORM IF AVAILABLE.

---

INFORMATION ABOUT FATHER / GUARDIAN

Name: __________________________________________
Address: ______________________________________
City: __________________________________________
State: ___________________ Zip: __________
Home Phone: (____) ______/__________
Work Phone: (____) ______/__________
Cell Phone: (____) ______/__________
Father/Guardian Social Security #: ______/_____/____
Father/Guardian Date of Birth: ______/_____/_____ 

Policy Holder Name: ____________________________
Insured Co. Name: _____________________________
Address: ____________________________________
City: ________________________________________
State: ___________________ Zip: __________
Phone: (____) ______/__________
Group Policy # _____/_____/_____
Group Certificate #: ______/_____/____
Name of Employer: ___________________________
Address: ____________________________________
City: ________________________________________
State: ___________________ Zip: __________
Phone: (____) ______/__________

Son / Daughter covered: YES _____ NO _____
Is Your Policy A: HMO _____ PPO _____ Neither_____ 
Deductible Amount: ___________________________
Is the above Policy Primary or Secondary? ______

PLEASE LIST ANY POLICY RESTRICTIONS: __________________________

---

INFORMATION ABOUT MOTHER / GUARDIAN

Name: __________________________________________
Address: ______________________________________
City: __________________________________________
State: ___________________ Zip: __________
Home Phone: (____) ______/__________
Work Phone: (____) ______/__________
Cell Phone: (____) ______/__________
Mother/Guardian Social Security #: ______/_____/____
Mother/Guardian Date of Birth: ______/_____/_____ 

Policy Holder Name: ____________________________
Insured Co. Name: _____________________________
Address: ____________________________________
City: ________________________________________
State: ___________________ Zip: __________
Phone: (____) ______/__________
Group Policy # _____/_____/_____
Group Certificate #: ______/_____/____
Name of Employer: ___________________________
Address: ____________________________________
City: ________________________________________
State: ___________________ Zip: __________
Phone: (____) ______/__________

Son / Daughter covered: YES _____ NO _____
Is Your Policy A: HMO _____ PPO _____ Neither_____ 
Deductible Amount: ___________________________
Is the above Policy Primary or Secondary? ______

PLEASE LIST ANY POLICY RESTRICTIONS: __________________________

---

***THE AUTHORIZATION BELOW MUST BE SIGNED BEFORE WE CAN FILE A CLAIM WITH ANY INSURANCE CARRIER.***

I hereby authorize The University of Alabama athletic department to file a claim in my behalf for the athletic injury sustained by son/daughter under the above medical insurance policy. I further, I agree and authorize that any amounts payable under that medical insurance policy may be paid to the medical provider directly or to The University of Alabama Athletic Department as shown above.

SIGNATURE OF PARENT/GUARDIAN: ___________________________ DATE: ___________

***PLEASE REMEMBER TO INCLUDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD***
I/We hereby acknowledge awareness that participation in WALK ON TRY-OUT for the sport of Dance Team involves risk of injury, paralysis permanent mental disability, or death and that these injuries may occur in some instances as the result of unavoidable accidents. I/We accept these risks in giving consent to participation in Dance Team WALK ON TRY-OUT on this date by the undersigned persons.

I/We also understand that a copy of CURRENT MEDICAL INSURANCE and a PHYSICAN’S PHYSICAL dated within one calendar year must be presented to the sport’s representing parties in order to participate in the WALK ON TRY OUT of aforementioned sport.

Return this document, copy of insurance card (both sides), and physician’s physical to parties representing The University of Alabama Intercollegiate Athletics and the varsity sport’s WALK ON TRY OUT of which undersigned persons are participating in PRIOR TO TIME OF TRY-OUT.

____________________________________
Individual’s Full Name

_______________________________
Date of Birth

____________________________________
Individual’s Signature

_______________________________
Today’s Date

____________________________________
Signature of Parent/Legal Guardian
(If student is under 19)

_______________________________
Date
STATE OF ALABAMA  TUSCALOOSA COUNTY

CONSENT TO RELEASE AND DISCLOSURE OF CONFIDENTIAL INFORMATION

I, ________________________, the undersigned student, hereby voluntarily and knowingly consent to authorize the Athletic Director (or his designee); The University of Alabama, Tuscaloosa, Alabama, to receive complete information and records concerning any of the following:

(a) My academic progress, including, but not limited to, grades, class standing, course work and results of academic counseling;

(b) My physical and/or mental health, including but not limited to, medical treatment, diagnoses, prescriptions, mental health counseling, and results of drug testing for substance abuse;

(c) All academic and non-academic misconduct charges, proceedings, and sanctions and all violations of any athletic training rules and sanctions imposed; and

(d) The award, renewal, reduction or cancellation of institutional financial aid based in any degree on athletics ability, including any facts or circumstances of any hearing conducted by the University in connection therewith.

I also hereby give permission to and authorize the Athletics Director (or his designee), The University of Alabama, to disclose any or all of the above said information and/or records to my parents or legal guardian and to athletics governing organizations for the purposes of and in connection with establishing and maintaining my eligibility as a student-athlete, the awarding, renewing, reducing, or cancelling of institutional financial aid based in any degree on athletics ability, or counseling with my parents or legal guardian with regard to my academic progress, my physical and/or mental health, any academic or non-academic misconduct, or the awarding, renewing, reducing, or cancelling of institutional financial aid based in any degree on athletic ability.

I hereby voluntarily and knowingly waive on behalf of myself and any persons who may have an interest in the matter all provisions of law, federal and state, relating to the disclosure of educational records or other confidential information and to the right of privacy.

I understand and acknowledge that the Consent to Release and Disclosure shall remain in effect unless and until revoked by me in written notice to the Athletics Department.

Dated this ______________________ day of ____________________________, 2016

Student’s Signature ________________________________________________

Parent/Guardian Signature (if student is under 19) ___________________________