

Dear Parents,

Your daughter is interested in becoming a member of the Bob Jones Dance Team for the 2017-18 school year. If she is chosen to be a member of the team, there are specific responsibilities and obligations which she must assume in order to qualify and remain an active member of the team.

Being a member of the Bob Jones Dance Team has many rewards and is a valuable experience your daughter will remember for a lifetime. Additionally, she will give pride and spirit to our school, students, and community through her participation. Because of the influential position of being a member of this dance team, the highest standards must be met and maintained.

The team will perform at halftime of the football games with the band and at home varsity basketball games. We will also attend at least one competition.

Attached are the rules and regulations of the team, as well as known activity dates, practices and estimated expenses. After reading the rules and regulations that govern the program, and after you and your daughter have a complete understanding of your responsibilities and commitment, please sign and have your daughter sign the parent/candidate agreement and return it with the remaining paperwork due for tryouts.

All paperwork is due into the school office that your daughter attends **no later than Monday, April 3rd**. No late forms will be accepted. This paperwork includes the following:

- 1) Completed application/agreement
- 2) Physical completed by a physician
- 3) Madison City Schools Athletic Insurance form
- 4) Proof of medical insurance (copy of card)
- 5) Copy of most recent grades
- 6) Schedule of classes for the entire school year, including names of teachers
- 7) Copy of birth certificate

Girls who have been a member of the team the previous year do not have to turn in the birth certificate or proof of insurance unless something has changed. Each candidate will be required to have teacher evaluations from all teachers they have had for the current school year (no less than 5 evaluations). These are included in this packet and must be given to teachers immediately so that they will be returned to me when all paperwork is due.

Tryout dates:

Wednesday, April 5 <sup>th</sup>	4-6 pm	BJHS Gym
Thursday, April 6 <sup>th</sup>	4-6 pm	BJHS Gym
Friday, April 7 <sup>th</sup> †	4-6 pm	BJHS Gym

Tryouts are closed to anyone not trying out for the team, other than the coaches, judges, and any graduating seniors on the current team.

We look forward to seeing your daughter at tryouts!

Katie Robertson and Hannah Williams – BJHS Patriette Coaches

Tryout notes:

- 1) Candidates must wear appropriate dance attire to tryouts. Please wear a **fitted white top and black leggings/jazz pants**. Dance shoes are required. Bring tennis shoes for kicking.
- 2) **All** jewelry must be removed for tryouts.
- 3) No gum is allowed.
- 4) Hair must be neat and out of your face. Flyaways are to be slicked back. Makeup should be natural.
- 5) Candidates will learn a dance routine and kick sequence.
- 6) Candidates will be required to choreograph the last two eight-counts of the dance routine.
- 7) Candidates will also perform technique sequences, leaps, jumps, turns and splits.
- 8) Candidates will perform marching skills for football season.

Minimum requirements:

Grand Jete' Leap, both left and right  
Straddle Leap  
Barrel Leap (turning prep)  
**Triple** Pirouette  
8-count turns in second (double out)  
Splits, drop splits  
Hip hop trick (kip up, head spring, etc.)

*Candidates must attend the entire tryout process unless coaches have approved otherwise.*

The number of spaces on the team is not set. Girls will be placed on the team based on their skill level. It is also important to remember that when performing, a team must dance as one. Consideration is made to how a dancer looks when performing with a group. **Being a member of the previous year's team does not guarantee a position on the team.**

The team is chosen by a panel of judges. All decisions are final.

## Dance Team Regulations:

- 1) Members must maintain a 70 average in core classes and must have received credit for 4 core classes the previous school year.
- 2) Members must attend all practices, games, and performances unless approved by a **doctor's note** or a **death in the family** has occurred. Members must not leave early or arrive late to practices or performances unless prior permission from coach.
- 3) Other activities and jobs cannot interfere with dance team practices or performances.
- 4) Must participate in all fund raisers.
- 5) **Members will attend band camp in July. (Note: band camp is always the last 2 full weeks of summer for teachers. If the start date for school is changed, band camp will change) Band camp is mandatory for all members.**
- 6) Inappropriate behavior at practice, school, performances or at any other time while representing the school will not be tolerated. These behaviors include, but are not limited to:
  - a) negative attitude, laziness, inattentiveness, lack of effort academically or extra-curricularly
  - b) serving after-school detention
  - c) serving in-school suspension
  - d) display of unsportsman-like conduct
- 7) **Members must be enrolled in at least one ballet class or jazz class at a dance studio for technique purposes. This is mandatory.**
- 8) **Members must meet deadlines.** (Turning in money, forms, etc.) Failure to meet deadlines will mean the member will be benched for performances occurring before money, forms, etc. are turned in.
- 9) Members must have all uniform parts for performances, and uniform must be clean at all times. This includes boots during football season.
- 10) Members will be benched for a performance for not having uniform parts, missing practices prior to a performance, or having insufficient knowledge of the routine.
- 11) Members **must** wear practice clothing to all practices.
- 12) Members will be dismissed from the team for failure to maintain grades, pregnancy, drinking, smoking, or use of drugs.
- 13) If a member quits or is dismissed from the team will not be allowed to try out the following year.
- 14) No gum is allowed during any practice or performance.
- 15) Hair must be out of your face for all practices and up as coach decides for performances.
- 16) No colored fingernail polish for performances.
- 17) No jewelry, navel rings, or nose rings during practices, performances or competitions EXCEPT first hole performance earrings.

## Practice Schedule:

- 1<sup>st</sup> semester: First block class each day  
Tuesday and Thursday afternoons from 3:45-5:30
- 2<sup>nd</sup> semester: Tuesday and Thursday afternoons from 3:45 – 5:30

**Additional practices will be called as needed.**

## Demerit System

The coaches implement a system by which we can hold members accountable for the contract and regulations they agreed to when signing the tryout agreement forms. This system is as follows:

Demerits will be given if the coaches see that a member is not upholding the standard of a Patriette.

Parents and dancer will be notified of demerits after they are given. IF A DANCER RECEIVES 3 DEMERITS SHE WILL BE ASKED TO LEAVE THE TEAM. This is a final decision.

Below is a breakdown of demerits that could possibly be given.

½ demerit	1 demerit
Incorrect practice clothes	Missing a performance OR practice required for the BJHS Band (not including excused absences)
Incorrect costume/jewelry for performance (including wearing nail polish)	Missing a performance required for the Patriettes (basketball game, parade, festival, etc.)
Missing an after school practice for an inexcusable reason	Public disrespect/argument with a coach
Public disrespect/argument with a teammate	

Approximate costs: (Returning members will not have to purchase some items)

Uniform for football season	\$500	
Practice/game day clothes	\$300	
Boots	\$65	
Warm-up	\$175	
Dance bag	\$50	
Jazz Shoes, not pedinis (black, tan)	\$50 each	
Tennis shoes	\$85	
Performance clothing	\$300	
Poms	\$35	
Band fees/transportation	\$275	(can be discounted if parents work in the concession stand at football games. Details to come.)

- A breakdown of exact items and costs will be given out at the first parent/member uniform fitting meeting. Location and time of meeting will be announced with the team after tryouts. Grading system will be given at this time, as well as fundraiser information. All members and a parent of each member **must** attend the meeting. Deposits will be made at this time. A financial meeting will be held in the beginning of May.
- Samples of clothing will be available for fitting at a later meeting with just girls in attendance.

Fundraisers will be available to help offset expenses. We will be mums and possibly poinsettias at Christmas time.

## **Teacher Evaluation for BJHS Patriette Tryouts**

Give this paper to each of your teachers from the current school year. Please complete the following Google Form in order to evaluate your student before she tries out for the BJHS Patriettes.

<https://goo.gl/forms/OTvZkMvCpLfZ5LOu1>

Please email me at [kerobertson@madisoncity.k12.al.us](mailto:kerobertson@madisoncity.k12.al.us) if you cannot access this form. You must fill it out using your Madison City email and username.

**Bob Jones High School  
Dance Team Application**

Please print clearly.

Name \_\_\_\_\_

Current grade \_\_\_\_\_ Current School \_\_\_\_\_

Date of birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home address \_\_\_\_\_

Home phone number \_\_\_\_\_ Cell number \_\_\_\_\_

Email address (parents) \_\_\_\_\_

Email address (participant) \_\_\_\_\_

Emergency contact name and number (other than parent) \_\_\_\_\_

\_\_\_\_\_

Are you allergic to any medications? \_\_\_\_\_ If so, list: \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ If so, list: \_\_\_\_\_

**We have read and understand the rules, commitment, demerit system, and regulations of being a member of the BJHS Patriettes and agree to comply if the candidate is chosen to be a member.**

\_\_\_\_\_ candidate

\_\_\_\_\_ parent

## Dance Team Grading System for PE Credit

### K. Robertson

kerobertson@madisoncity.k12.al.us

You will start with 100 points each nine weeks.

#### Points will be deducted as follows:

Failure to dress out in correct attire	-1	
Lack of enthusiasm/cooperation (daily)		-1
Failure to follow instructions – written or verbal		-1
Failure to turn in items on due date	-1 per day late	
Failure to have uniform clean (including shoes/boots)	-2	
Failure to attend Thursday PM practice or Tuesday PM and benched for Friday's performance		-3
Failure to attend any performance		-5
Failure to attend additional called practices (may not leave early or arrive late)	-2	

Missing performances will lead to demerits being given. At three demerits, you are dismissed from the team. Missed performances are excused with a doctor's excuse or a death in the family. Performances include football games, basketball games, and any other scheduled performance. If you are dismissed from the team you will be placed in a regular PE class and will forfeit all monies paid for trips and competitions. Being benched for a performance due to missing Thursday or Tuesday practice will count as a missed performance. Remember this is a commitment and must be taken seriously. The entire band is depending on you. Additional practices will only be called in circumstances that they are needed for the team to be ready for an upcoming performance. Parades, ballgames, and competitions are considered performances.

**Dress out clothing: shorts or leggings, shirt, jazz shoes/tennis shoes, hair tie. NO REGULAR CLOTHING IS ALLOWED IN FIRST BLOCK PRACTICE.**

- **Class every day**
- **Tuesday and Thursday after school from 3:45-5:30 and as needed**
- ***Any conflicts because of club meetings must be discussed prior to the day you are late.***
- **Old tennis shoes need to be left in your locker at all times in case we need to go outside.**

**Remember that you also have a list of expectations that were given to you prior to trying out for the team.**

**Please sign the attached form and return.**

**Bob Jones Dance Team 2015-2016**

**PE**

**K. Robertson**

***Course Contract***

I have read and understand the grading system, requirements and the commitment of being a member of the Bob Jones Dance Team. I also commit to the expectations given to me prior to tryouts.

Signature of member \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Bob Jones High School Dance Team  
Parent / Participant Agreement  
Tryouts**

I / we have read the rules and regulations of the Bob Jones Dance Team and understand that I will be expected to comply if I am chosen to be a member of the team.

\_\_\_\_\_  
Signature of Participant Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian Date \_\_\_\_\_

The parent / guardian signature serves as your permission for your child to try out for the dance team.

**ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION**  
**Preparticipation Physical Evaluation**

**History**

Date \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Sport \_\_\_\_\_

**Explain "Yes" answers below:**

**Yes      No**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Have you ever been hospitalized? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had surgery? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you presently taking any medications or pills? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any allergies (medicine, bees or other stinging insects)?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during or after exercise? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy during or after exercise? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had chest pain during or after exercise? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you tire more quickly than your friends during exercise? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had high blood pressure? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been told that you have a heart murmur?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had racing of your heart or skipped heartbeats? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Has anyone in your family died of heart problems or a sudden death before age 50?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any skin problems (itching, rashes, acne)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had a head injury?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been knocked out or unconscious? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a seizure? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever had a stinger, burner or pinched nerve?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had heat or muscle cramps?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been dizzy or passed out in the heat?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have trouble breathing or do you cough during or after activity? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you had any problems with your eyes or vision? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you wear glasses or contacts or protective eye wear? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you had a medical problem or injury since your last evaluation? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or<br>other injuries of any bones or joints?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle |                          |                          |
| <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot  |                          |                          |

14. When was your first menstrual period? \_\_\_\_\_
- When was your last menstrual period? \_\_\_\_\_
- What was the longest time between your periods last year? \_\_\_\_\_

Explain "Yes" answers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date \_\_\_\_\_

Signature of athlete \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**DUPLICATE AS NEEDED**

# Preparticipation Physical Evaluation

Rule 1, Sec. 13 – No student shall be eligible to represent his/her school in interscholastic athletics unless there is on file in the Superintendent's or Principal's office a physician's statement for the current year certifying that the student has passed an adequate physical examination, and that in the opinion of the examining physician he/she is fully able to participate in high school athletics.

## Physical Examination

COMPLETE	LIMITED	Height _____ Weight _____ BP _____ / _____ Pulse _____	
		Vision R 20/ _____ L20/ _____ Corrected: Y N	
		Normal	Abnormal findings
	Cardiovascular		
	Pulses		
	Heart		
	Lungs		
	Skin		
	E.N.T.		
	Abdominal		
	Genitalia (males)		
	Musculoskeletal:		
	Neck		
	Shoulder		
	Elbow		
	Wrist		
	Hand		
	Back		
	Knee		
	Ankle		
	Foot		
	Other		

### Clearance:

- A. Cleared
  - B. Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
  - C. Not clearer for:  Collision  
 Contact  
 Non-contact    \_\_\_\_\_ Strenuous    \_\_\_\_\_ Moderately strenuous    \_\_\_\_\_ Non-strenuous
- Due to: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Name of physician \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Signature of physician \_\_\_\_\_, M.D. or D.O.