

Dear Parents,

Welcome and thank you for your interest in becoming a Bob Jones High School Patriette. If chosen to represent BJHS as a Patriette member, you are required to follow the philosophy below...

The philosophy of the BJHS Dance Team is to promote not only school spirit but provide quality entertainment during school events. As a member, it is important to uphold the reputation of the school and oneself. Most importantly, a Patriette should want to support and empower her teammates and uplift her peers.

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, at home varsity basketball games, and/or competitions.

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 must be given to coach by the third day of tryouts. 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 3 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:

- **Football**

Tuesday, April 16th	4-5 pm	BJHS Small Gym
Wednesday, April 17th	4-5 pm	BJHS Small Gym
Thursday, April 18th	4-4:30 pm	BJHS Small Gym
- **Competition**

Tuesday, April 16th	5-6 pm	BJHS Small Gym
Wednesday, April 17th	5-6 pm	BJHS Small Gym
Thursday, April 18th	5-5:30 pm	BJHS Small 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!

Suzi Day – BJHS Patriette Assistant Coach

sday2@my.athens.edu

Tryout notes:

- 1) Candidates must wear appropriate dance attire to tryouts. Please wear a **fitted black top and black spandex shorts**. 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 also perform technique sequences, leaps, jumps, turns and splits.
- 7) Candidates will perform marching skills for football season.

Minimum requirements:

Football Dance Line

Two 8 counts of straight kicks

Marching Basics (will be taught)

Right Splits

Competition Dance Line

Single Pirouette

Double Pirouette

Turns in Second into a Double Pirouette
Right and Left Leap
Middle Leap
Right and Middle Split
Hip-hop Trick
Toe Touch
(Optional)
Turning Disk
Leg Extension

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 fundraisers.

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 extracurricularly

b) serving after-school detention

c) serving in-school suspension

d) display of unsportsmanlike conduct

7) **Members must be enrolled in at least one ballet class or jazz class at a dance studio for technique purposes. Competition members also must be enrolled in a gymnastic class, either at a gym or studio, to focus on strength and performance tricks. 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, having an unexcused absence from the last performance, missing practices prior to a performance, or having insufficient knowledge of the routine.

11) Members **must** wear practice clothing to all practices. This means leggings or shorts, t-shirt or tank top, and the correct shoes.

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:

1st semester: First block class each day (Subject to change)

Tuesday and Thursday afternoons from 3:45-5:30

2nd 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.)
Camp	~\$425 (includes food, lodging, and choreography)

- 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. Fundraiser ideas will be discussed at first parent meeting.

MANDATORY DATES:

- A Saturday morning/Sunday afternoon for choreography before camp
- Two weeks in July for band camp

Teacher Evaluation for BJHS Patriette Tryouts

Give this paper to three of your teachers from the current school year and have them write a recommendation below. This page must be folded, stapled and attached to your tryout packet due at auditions.

Suzi Day

sday2@my.athens.edu

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, ball games, and competitions are considered performances.

Dress out clothing: shorts or leggings, shirt, jazz shoes/tennis shoes, hair tie. NO REGULAR CLOTHING IS ALLOWED IN 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 2019-2020

Suzi Day

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 Form
Revised 2018

Revised 2018

History

Name _____ Sex _____ Age _____ Date _____
 Address _____ Date of birth _____
 School _____ Grade _____ Phone _____
 Sport _____

Explain "Yes" answers below:	Yes	No
1. Has a doctor ever restricted/denied your participation in sports?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized or spent a night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Have ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently taking any medications or pills (prescription or over-the-counter)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>
6. 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 or discomfort in your chest 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, high cholesterol, or heart infection?	<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"/>
Does anyone in your family have a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever ordered a test on your heart (EKG, echocardiogram)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had a head injury or concussion?	<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, pinched nerve, or loss of feeling or weakness in your arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>
9. 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"/>
10. Do you have trouble breathing or do you cough during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take any medications for asthma (for instance, inhalers)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
12. 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"/>
13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been told you have sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family had sickle cell disease or sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or 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		
17. 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.

Signature of athlete _____ Date _____

Signature of parent/guardian _____

DUPLICATE AS NEEDED

FORM 5

Preparticipation Physical Evaluation

Rule 1, Sec. 14 — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The AHSAA Physicians Certificate (Form 5 Rev. 2018) must be used. **A physical exam will satisfy the requirement for one calendar year through the end of the month from the date of the exam. For example, a physical given on May 5, 2018, will satisfy the requirement through May 31, 2019.**

Student's name _____

Physical Examination

Revised 2018

LIMITED	Height _____ Weight _____ BP ____ / ____ Pulse _____		
	Vision R 20 / ____ L 20 / ____ Corrected: Y N		
COMPLETE		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 cleared for:
 - Collision
 - Contact
 - Noncontact ____ Strenuous ____ Moderately strenuous ____ Nonstrenuous

Due to: _____

Recommendation: _____

Name of physician _____ Date _____

Address _____ Phone _____

Signature of physician _____, M.D. or D.O.

(Form must be signed and dated by the attending physician.)

Rev. 2018 (The revised 2018 form is the official form accepted by the AHSAA.)