

2017-2018 TRACY HIGH DANCE TEAM TRYOUTS

DANCE FORMS ARE DUE BY THURSDAY APRIL 27th at 3:30pm

Please turn in all necessary forms to the Dance Box in the Career Center (James Franco/ "A" building)

ATTENDANCE AT ALL TRYOUT DATES IS EXPECTED!

(Please let Coach Sheila or Coach Lauren know immediately if there are any scheduling conflicts)

SCHEDULE OF DANCE TRYOUT WEEK

Tuesday May 2nd 5:30pm-8pm THS Main Gym Practice <i>Learn Dance 1</i> <i>Start Dance 2</i>	Wednesday May 3rd 5:30pm-8pm THS Main Gym Practice <i>Finish Dance 2</i> <i>Material Review</i>	Thursday May 4th 9 th : 5pm 10 th – 5:30pm 11 th &12 th – 6-7pm THS Main Gym TRY-OUTS
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PLEASE NOTE THAT CUTS MAY BE MADE DURING TRY-OUT WEEK

FINAL TEAM SELECTIONS WILL BE POSTED FRIDAY MAY 5TH AT APPROX 12PM

WHAT TO WEAR...

Please wear workout/athletic/dance attire to all practice dates. Attire **MUST be** SOLID Green, Gold, Black, or White OR anything "TRACY HIGH". Please bring athletic shoes and jazz shoes if you have them. Hair should be pulled back into a pony tail or bun with no bangs or fly-aways. NO JEWELRY or BODY PIERCINGS... NO TAPING OVER OR BANDAIDS. ABSOLUTELY NO: Crop tops, jeans, long sleeved shirts, "short" shorts, flip-flops, or boots. No Chewing Gum.

For try-outs on Thursday please apply the same standards for clothing, hair, shoes, and jewelry.

WHAT YOU WILL LEARN...

Participants will be instructed in: warm-ups, stretches, motion technique/ arm placement, leaps, turns and 2 try-out dances.

EXPECTATIONS...

Participants should be ready for the physical requirements of the sport. Everyone should be actively participating and be on task. Participants should be able to accept constructive criticism cordially, and be respectful to their instructor(s).

We will be evaluating participants throughout the week based on: participation, enthusiasm, attitude, skill level, effort, learning ability, spirit, technique, jumps, leaps, turns, flexibility, rhythm, knowledge, etc.

We will also take into account the responses of participant's written material; looking at the content and quality of answers AND we will also be evaluating heavily on teacher & coach evals.

ON Monday May 8th we will have a MANDATORY parent meeting for the 2017-2018 team, both members & parents must attend. We will review the 2017-2018 THS Dance Team Handbook and review important information & dates for the upcoming season.

Wednesday May 10th a MANDATORY uniform fittings. INITIAL PAYMENTS DUE by 5/15/17. Please expect an initial payment of approx. \$400 payable to Varsity's (uniform company) online portal. Please remember these are MANDATORY DATES. NO EXCEPTIONS!!

Coach Contact Information

tracyhsdance@gmail.com or Sheila: 209-815-6187 Lauren: 209-914-3489

TRACY HIGH DANCERS OF THE 2017-2018 SEASON SHOULD EXPECT...

- Intense summer practices and mandatory practice dates.
- An Instructional Dance Camp during July (date TBA)
- Summer, Fall, and Winter practice through February/ March
- Full game attendance in cheering section and halftime performances during Football & Basketball Home Games.
- Performances/ participation during school/ leadership/ community events including rallies and parades.

GENERAL DANCE TEAM EXPECTATIONS...

- Dedication, a positive attitude, a willingness to work with others, strong work ethics, and sacrifices are required of each member if we are to have a successful year.
- You must remember that being a member of the Dance Team is a service to school, peers, parents, and the community and you are expected to have **excellent conduct & character INSIDE AND OUTSIDE of school**.
- **This is your NUMBER ONE non-academic school activity; the Dance Team requires an immense amount of time and CANNOT be placed secondary to any other activity, besides academics.**
- If you cannot or will not commit to the time and expectations, you may consider not trying out.
- You will be put into the public eye and are to represent Tracy High School in a positive manner and become a positive role model in the community.

GENERAL RULES TO CONSIDER...

- There are a limited number of excused absences and tardies allowed during the season. **Frequent absences/tardiness will not be tolerated.**
- Members have a strict practice and uniform dress codes.
- Team members must maintain a 2.0 GPA & NO F's AND < 15 Saturday school hours. (see TUSD Athletic Handbook for more details)
- Games and performances are MANDATORY.
- Attendance in school is extremely important, especially on game days.
- Members must be students of the Tracy High School Student Body or have appropriate transfers.
- There are certain expectations and conduct required at games, at school, and while off-duty.
- **"Drama" will NOT be tolerated...** Leave personal/ social problems outside of practices & performances.
- Social Media appropriateness is expected.
- Members must follow rules stated in the handbooks/ policies from the: 2017-2018 Tracy High School Dance Team Handbook, the TUSD Athletic Handbook, SJAA, the CA Education Code, and NFHS.
- If handbook rules are broken, there will be appropriate consequences, some including: conditioning, sitting out during games or performances, or removal from the team.

PARENTS/ GUARDIANS...

In order to have a successful year, it is vital to have parent support & volunteers that can assist with event planning, fundraising, and transportation. It is also important to have good communication with your daughter/ son and with coaches. In order to make this program successful, a strong support system is essential!

IMPORTANT DATES...

- **Parent Meeting:** Monday May 8th 6:00pm
- **MANDATORY Uniform Fitting:** Wednesday May 10th 3:30pm
- **Initial Deposit Due by:** May 15th
- **Summer Practices:** May: 15,17,29,31 June: 5, 7, 12,14,19,21 July: 12,17,19,24,26 (dates may change slightly)
- **Camp Dates:** TBA (July)
- **Regular Season Practices:** Monday's and Wednesday (*additional practices day may be added as needed*)

FINANCES...

- **The initial uniform payment of approximately \$400 will be due by May 15th**
- The Camp and Practice Clothes Payment amount is TBA (approximately \$400) due in June.
- Bow Payment of \$45 Due in June.
- Final uniform payment (approx. \$325) will be due in July

FUNDRAISING...

Fundraising is an essential part of the season and is necessary in order to keep our program successful. Each member should raise approximately \$400 profit going towards the general dance fund that pays for: choreography, music, spirit supplies, homecoming, banquet, equipment, senior nights, etc.

2017-2018 TRACY HIGH DANCE TRYOUT PERMISSION SLIP

THIS FORM IS REQUIRED – STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT THIS!

Please return this completed form to the Tracy High Dance Box in the career center

This form is due by Thursday April 27th by 3:30pm.

PLEASE COMPLETE & ATTACH A COPY OF YOUR 3rd QUARTER REPORT CARD.

Name of Candidate (please print clearly)	Candidate Signature
Date	Grade for '17-18 (9, 10, 11, or 12)
Candidate's Email Address	Candidate's Phone Number
Parent/ Guardian's Email Address	Parent/ Guardian's Phone Number

Period	Class Name (subject)	Teacher's Name
1		
2		
3		
4		
5		
6		
0/ 7		

PARTICIPANTS

I understand that as a member of the Tracy High School Dance Team I am to conduct myself in a manner that shows spirit, and good sportsmanship at all times. I must maintain a 2.0 GPA and earn no F's on my report cards, as well as maintain 15 or fewer Saturday School Hours to be an eligible member. I understand and have carefully considered the rules and regulations that Tracy High School requires of dance team members. I understand that the Dance Team is a major commitment of my non-academic time and cannot be placed secondary to any other non-academic activities. I will abide by these rules and regulations if I am selected to become a member of the Tracy High School Dance Team.

PARENTS/ GUARDIANS

I have read and understand the rules and regulations as stated in the Tracy High Dance Team 2017-2018 Try-Out Packet and understand there are additional rules in the 2017-2018 Tracy High School Dance Team Handbook that will be reviewed and enforced if my daughter/ son is selected to be a member of the Dance Team. I will, in so far as I am able, assist in every way to see that these rules and regulations are followed. I agree to contact Coach Sheila Soares and/or Lauren Ortega for clarifications whenever I have a question, comment, or concern. I understand that my daughter/ son must attend all expected meetings, practices, summer camps, games, competitions, photo sessions, parades, and rallies if they are selected to be on the squad. I also understand the financial obligations required. I understand that my daughter/ son will be evaluated by Coaches Sheila Soares & Lauren Ortega during the try-out process and I agree to abide by the decision of the coaches. If selected to be a Dance Team member, my daughter/ son will have a completed physical form on file with the school (complimentary school physicals will be announced). I understand by the very nature of the activity, dance, carries a risk of physical injury; I understand these risks and will not hold Tracy High School, Coach Sheila Soares, Coach Lauren Ortega, or any of its personnel responsible in the case of accident or injury at any time. I understand that Coaches Sheila Soares and Lauren Ortega will provide additional information including but not limited to uniforms, practice clothing, calendars, and game/ rally schedules, and agree to abide by any additional requirements if my son/ daughter is selected to be on the Team.

Candidate's Signature	Date
Parent or Legal Guardian Signature	Date

TRACY HIGH SCHOOL ATHLETIC RELEASE FORM

Athletes will not be allowed to practice or compete until this form is completed and on file with the Athletic Department

STUDENT'S NAME: _____ Grade: _____

STREET ADDRESS: _____ CITY/ZIP: _____

Emergency Phones: Hm _____ Work _____ Cell _____

My student has my permission to participate in the following activity at Tracy High School during the 2017-18 school year (please indicate name of sport):

Fall Sport: _____ Winter Sport: _____ Spring Sport: _____

PHYSICAL REQUIREMENT

Weight: _____	E.N.T.: _____
Height: _____	Heart: _____
Blood Pressure: _____	Lungs: _____
Eyes: _____	Abdomen: _____
Urinalysis: Pro. _____ Cluc. _____ Other _____	
Broken Bones or Injury: _____	
Serious Illness: Yes _____ No _____ (Heart Disease, Diabetes, Epilepsy, Kidney, Convulsions, Hepatitis, Other)	

I hereby certify that the above named student is physically fit to engage in sports.

_____ Date

_____ Physician's Signature

INSURANCE REQUIREMENT

Our personal health or group insurance is adequate to pay for and reimburse us for medical, dental, hospital and surgical expenses that may be incurred due to injuries that may result from participation in the activity. I will continue this medical coverage in force through the time of the activity. I will promptly notify the school in the event insurance coverage changes. (Various types of insurance may be purchased through the school including Tackle Football, School Time Insurance or Full Insurance. Forms are available in the Tracy High School Athletic Office).

_____ Name of personal insurance company

_____ Policy or Group Number

_____ Signature of Parent or Guardian

_____ Date

CONSENT AUTHORIZATION

I hereby authorize the Tracy Unified School District and its authorize representatives to obtain or provide reasonable medical and/or emergency treatment for my child if he/she becomes ill or injured while participating in the extra- curricular activity. I agree to release and hold harmless the District and its representatives from any and all liability resulting from such injury and/or treatment. (See California Education Code Sections 35330 and 49407. I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. I understand that the Tracy Unified School District, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, X-ray, or treatment provided in relation to this authorization shall be my responsibility.

SIGNATURE OF PARENT/GUARDIAN: _____

PRINT NAME (Parent/Guardian): _____

2017-2018 TRACY HIGH DANCE TRYOUTS

WRITTEN REQUIREMENT

DUE BY April 27th by 3:30pm

ALL participants are required to submit their written answers to the questions below. Please write approx. 1-2 paragraphs per question. Participants will be evaluated on quality and content of responses.

New Members:

Please answer the following on a separate piece of paper:

- Tell us a little about yourself. (You can include things such as: favorite activities, personality, any interesting details about yourself, etc.)
- Why do you want to be a member of the Tracy High School Dance Team?
- What qualities do you have that will make you a good candidate to be on the team?
- Besides performing, what do you feel the role of a dancer is?
- Feel Free to include any other details that you would like to share with the coaches.

Returning Members:

Please include the following details/ answers in your essay:

- What has being a Tracy High Dancer meant to you and why do you want to continue to be a Tracy High Dancer?
- What is your most memorable moment while being on the Dance Team?
- What qualities about yourself make you a good candidate to return to the team?
- What do you feel you can and will improve on if you are selected for next season? (This can be in relation to anything such as: personality, skills, attitude, etc.)
- Feel Free to include any other details that you would like to share with the coaches.

THIS IS A REQUIRED PORTION OF TRYOUTS

This must be turned in no later than Thursday April 27th.

Please turn in with permission slip and release form.

2017-2018 TRACY HIGH DANCE TRYOUTS

Fine and Saturday School Hour Clearance Form for Try-Outs

This form is due by Thursday April 27th by 3:30pm

If you are an incoming Freshmen and your school does not have a bookkeeper, librarian, or personal authorizing Saturday School hours, please have the person responsible for clearing fines/ requirements for graduation complete this form.

Student's Name: _____ Student's Current School: _____

Student's TUSD ID #: _____ Student's Current Grade in School: _____

1: **BOOKKEEPER:** Does this student owe any fines? YES NO

If yes, what fine(s) does this student owe? _____

Bookkeeper's Name: _____ Phone Number: _____

Bookkeeper's Signature: _____ Date: _____

2: **LIBRARIAN:** Does this student owe any fines? YES NO

If yes, what fine(s) does this student owe? _____

Librarian's Name: _____ Phone Number: _____

Librarian's Signature: _____ Date: _____

3: **Saturday School Hours:** Does this student have any hours? YES NO

If yes, how many hours does this student have? _____

Person of Authorization's Name: _____ Phone Number: _____

Person of Authorization's Signature: _____ Date: _____

If the student owes fines or hours, please give the student a list of fines/ hours owed. Once fines/hours have been cleared, please give the student a receipt or verification that they have been cleared.

The student may not be accepted to the Team until both this form and clearance of fines/ hours (if necessary) are received.

It is the student's responsibility to show proof of fine/ Saturday School clearance prior to the conclusion of try-outs.

Please return this completed form by **Thursday April 27th by 3:30pm** to the Tracy High Dance Box in the career center in person or via inter-district transfer Attention: Dance Advisor

Please contact Sheila Soares or Lauren Ortega at (209) 914-3489 or tracyhsdance@gmail.com should you have any questions or concerns. Thank you for your support!

2017-2018 TRACY HIGH DANCE TRYOUTS

Coach, Advisor, or Supervisor Evaluation

This form is due by Thursday April 27th by 3:30pm

Student's Name:

Student's Current School:

Student's TUSD ID #:

Grade in School: 8 9 10 11

The Coach/ Advisor/ Supervisor evaluation for each applicant gives an indication of motivation, leadership skills, and attitude. Your input will be a valuable asset toward the overall try-out score. Please rate this student in the following areas on a scale from 1-10.

This information is confidential and will be viewed only by the advisors. Thank you for your support!

1-Poor	2	3	4	5	6	7	8	9	10-Superior	
			Responsibility and Dependability							
1	2	3	4	5	6	7	8	9	10	
			Leadership							
1	2	3	4	5	6	7	8	9	10	
			Attitude Working With Fellow Students							
1	2	3	4	5	6	7	8	9	10	
			Attitude Working With Authority							
1	2	3	4	5	6	7	8	9	10	
			Positive Role Model							
1	2	3	4	5	6	7	8	9	10	
			Motivation							
1	2	3	4	5	6	7	8	9	10	
			Promptness and Preparedness							
1	2	3	4	5	6	7	8	9	10	
			Ability to Follow Rules							
1	2	3	4	5	6	7	8	9	10	
			Work Ethics							
1	2	3	4	5	6	7	8	9	10	
			Parental Support							
1	2	3	4	5	6	7	8	9	10	

Comments:

Relationship to Applicant:

Years Known:

Coach/ Advisor/ Counselor Signature:

Date:

Please return this form by **Thursday April 27th by 3:30pm** to the Tracy High Dance Box in the Career Center in person or via inter-district transfer Attn: Dance Advisor. Please put in a signed and sealed envelope to ensure confidentiality. Please contact coaches: Sheila Soares or Lauren Ortega at (209) 914-3489 or tracyhsdance@gmail.com if you have any questions, comments, or concerns.

Thank you!

2017-2018 TRACY HIGH DANCE TRYOUTS – Teacher Evaluation

Teachers: Please return this completed form by **Thursday April 27th by 3:30pm** to the Tracy High Dance Box in the Career Center in person or via inter-district transfer. Attn: Dance Advisor, 315 E. 11th Street Tracy, CA 95376. You may also allow the student to turn in the form in a **signed & sealed** envelope. Please contact Sheila Soares or Lauren Ortega at (209) 914-3489 or tracyhsdance@gmail.com for any questions, comments, and/ or concerns. Thank you for your support!
This evaluation is confidential and will only be viewed by Advisors. Comments are greatly encouraged!

Student's Name: _____ Student's Current Grade in School: 8 9 10 11

This evaluation for each student is a valuable asset (and possibly a deciding factor) toward the applicant's acceptance on the squad. Please rate this student in the following areas. Thank you for your time!

E- Excellent	S- Satisfactory	N- Needs Improvement
___ Responsibility and Dependability	___ Leadership	___ Attendance
___ Attitude Working with Fellow Students	___ Positive Role Model	___ Promptness and Preparedness
___ Attitude Working with Authority	___ Work Ethic	___ Ability to Follow Rules
	___ Motivation	

Additional Comments: _____

Teacher's Printed Name: _____ Teacher's Signature: _____

Subject/ Class Title: _____ Period: _____ Current Letter Grade: _____

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