

Semmes Middle School
Golden Girls 

Dance Tryout Packet
2020-2021

Dear Parents:

Your child has expressed an interest in becoming a member of the Semmes Middle School "Golden Girls" Dance Team for 2020-2021. This information packet should answer most of your questions. You will find a schedule of clinic dates and tryouts below. If selected, there are certain personal and financial responsibilities and obligations, which your child must assume in order to qualify and remain a member in good standing.

Enclosed is a copy of the dance constitution for Semmes Middle School. This constitution is based on system-wide rules required by the school board. Please read it carefully with your child before signing the parental permission form. Also, attached are required forms that must be completed and returned before a candidate can participate in clinic days or tryouts. Please note that one of these forms must be notarized, and one of these forms is a physical form that must be completed by your physician. All forms are due completed by Wednesday, March 18th, by the end of homeroom with a \$20 check (or cash) made payable to Semmes Middle School to cover the cost of the tryout and the judges. If you write a check, two telephone numbers and a driver's license number must be printed on the front. *No forms will be taken after this date for ANY REASON*

Feel free to email me if you have any questions or concerns at cgraham@mcpss.com.

Sincerely,
Mrs. Graham
Coach

Schedule



Dance clinic will be held in the cafeteria or gym until 5:00pm as indicated below. Each participant should be dressed properly in leggings/shorts, shirt, and jazz or tennis shoes with her hair pulled back. Clinic will begin at 3:30pm sharp. No snacks, drinks or cell phones allowed. Each candidate must be at clinic every day to be eligible for tryouts.

Clinic and tryouts will be closed to the public. Neither friends nor family members are allowed in the school building while these events are taking place. If for any reason this rule is not followed, the candidate in violation will be sent home and not be allowed to continue with clinic or tryouts.

Wednesday, March 11th

All forms and money are due to the Semmes Middle School office
Attention: Mrs. Graham,
Dance Team Sponsor, by 7:30AM

March 18th-19th

Clinic Days 3:30-5:00

March 20th

Mock Tryouts 3:30-5:00

Saturday, March 21st

Tryouts 8:30AM-

Tuesday, April 7th

Mandatory Parent Meeting at 5:30PM for the new 2020-2021 Semmes Golden Girl's Dance Team to be held in the main building/classroom right down from the office

Dance Team Candidates will remain in the cafeteria once they have tried out until tryouts are over. Again, only candidates are allowed in the building during this time. Once tryouts are over, candidates will be given a letter they are to open off campus, which will announce the 2020-2021 Dance Team members.



Semmes Middle School

DANCE CANDIDATE INFORMATION

PARENT SECTION

Please check that each form has been completed and initial on the line before the candidate turns the packet in. It will be helpful if the packet is in this order. Incomplete packets will not be accepted.

- _____ **DANCE CANDIDATE INFORMATION FORM**
 - _____ **SIGNED PARENTAL PERMISSION/CANDIDATE PLEDGE FORM**
 - _____ **FINANCIAL OBLIGATIONS FORM**
 - _____ **VERIFICATION OF INSURANCE/WAIVER OF LIABILITY**
 - _____ ***NOTARIZED MEDICAL RELEASE FORM HEALTH**
 - _____ **COMPLETED PHYSICAL FORM FROM PHYSICIAN**
 - _____ **ATTACHED \$20.00 FEE**
- ❖ **CHECKS ARE TO INCLUDE 2 PHONE NUMBERS**

Semmes Middle School

PARENTAL PERMISSION FORM DANCE CANDIDATE PLEDGE

PARENTAL PERMISSION TO BE A DANCER

I, the undersigned, have read and fully understand the rules and regulations, which will govern my daughter if she is chosen to represent Semmes Middle School as a Dancer. I further understand that this is an extra-curricular activity and that attendance at all games, practices, fundraisers, and special events are a requirement of the elected Dance Team.

I hereby give consent to my daughter, _____ to try out for the Dance Team at Semmes Middle School and I recognize her responsibilities and requirements as a leader of her school. In addition, I realize that additional extracurricular activities cannot conflict with dance team scheduled practices or events (i.e. volleyball, basketball, dance studios or competitive gymnastic teams).

I have read the Semmes Middle School Dance Team Constitution and understand that my child is bound by all the rules and regulations within it. I understand that if chosen, my daughter will be required to pay for uniform pieces, camp, and additional items. An estimate of these expenditures is \$950-\$1050. For those selected as the Dance Team, the first \$250 payment will be due no later than Thursday, April 23rd. **All money is due before the first performance** and a payment schedule is listed on paper to follow. Dancers (and sometimes parents) will be required to be at all fund raisers sponsored by the dance team.

I understand that my signature on this form means that I will abide by and support the rules and regulations as they are stated above and those stated in the dance team constitution.

Parent/Guardian _____

Date _____

DANCER CANDIDATE

I, the undersigned, have read and fully understand the rules and regulations, which will govern me if I am chosen to represent Semmes Middle School as a dancer. I have read the Semmes Middle School Dance Team Constitutions and bound by all the rules and regulations within it. I further understand that this is an extra-curricular activity and that attendance at all games, practices, fundraisers, and special events is a requirement of a dancer. I do recognize the importance of my parents' responsibilities if I am chosen as a team member. I understand that I am responsible for my part of raising or earning the money needed to be a member in good standing. Above all else, I am willing to uphold this dance constitution and privileges and responsibilities that come with being a Dance Team member at Semmes Middle School.

Dance Candidate _____

Date _____



Semmes Middle School

FINANCIAL OBLIGATIONS FORM

FINANCIAL OBLIGATIONS

It is the responsibility of the parent and dancer to make sure all financial obligations are met in a timely manner. Uniforms, dance camp, attire for camp, warm ups, bags, pom-poms, etc. are purchased by the parent. Other costs throughout the year may develop (i.e. t-shirts, big sis/little sis gifts) A payment schedule is set and recorded below for all payments due. Dancers are expected to attend summer camp and are responsible for all fees associated with summer camp. **Dance camp will be June 25-28 at the University of Auburn and is mandatory for all dancers to attend and any/all practices prior to camp.**

- Dancers must be current with their payment schedule. Not being current will result in missing dance events or games.
- Dancers who owe a balance on their account will not be eligible to tryout out for the following year until the amount is paid in full.
- Dance members are required to attend and participate in all fundraising.
- If a member is declared ineligible, injured, being disciplined, is dismissed or resigns from the team, the member is still responsible for all fees. Refunds will not be issued.
- When fundraising takes place, monies are applied accordingly to curb these expenses'

The following is a list of **estimated** expenses:

• Dance Camp	\$410	• Jazz shoes	\$45
• Camp clothes	\$200	• Dance bag	\$55
• New Uniform	\$150	• Sweatshirt/Jacket	\$75
• Tennis Shoes	\$50	• Pom-poms	TBA

Payment Schedule for 2020-2021 Dance Team

Thursday, April 23 rd	\$250	Thursday, May 21 st	\$250
Thursday, August 20 th	\$200	Thursday, September 17 th	Balance Due

I am aware of the financial obligation required for my daughter to be a part of the Semmes Middle School Dance Team. I understand that I will be given the opportunity to raise some of the funds through fundraising and that a payment schedule will be available. I understand that fundraising will help pay a stipend to the coach/sponsor due to middle school dance teams not being a recognized sport in Mobile County. With this being the case, I understand the coach/sponsor will be paid out of the dance account from fundraising monies. Monies raised above the stipend given to a coach/sponsor, will be credited to each dancer that participated in the accordingly.

PARENT SIGNATURE

DATE



**Semmes Middle
School**
WAIVER OF LIABILITY FORM
Dance Team 2020-2021

Dear Parents:

The following is for the mutual protection of your child and Semmes Middle School. Please fill in the desired information and return the form.

Please fill in the following.

1. Is your child covered by hospital insurance: Yes___ No__
2. List the name of your insurance company: _____
3. Insurance policy and plan number: _____

In case of injury to your child while participating in this sport, while practicing or while being transported to and from games, whom do you wish to be contacted:

PARENT _____

TELEPHONE _____

FAMILY PHYSICIAN _____ TELEPHONE _____

STUDENT'S FULL NAME _____

WAIVER OF LIABILITY

I hereby certify that I have knowledge of my child's physical condition and state of health, and I give my consent and permission for my child, as identified above, to participate in the active sports program of Semmes Middle School as conducted by the Athletic Department. I do certify that my child has no known physical defects, disease, or disability that will in any way jeopardize her health or physical condition if she is allowed to take an active part in this program. I further agree that I will not hold Semmes Middle School or its athletic staff responsible for injuries, accidents or mishaps that may befall my child while she is participating in any phase or aspect of this program or while she is being transported to or from practices, scheduled games, or other dance activities. In consideration for my child's being permitted to participate in this program, I further agree to indemnify Semmes Middle School from any and all liability which might occur resulting from the injury to my child arising out of or in any way connected with this program.

SPORT: **Dance Team**

SIGNATURE: _____

DATE: _____ TELEPHONE #: _____

Semmes Middle School
PARENT/GUARDIAN PERMISSION AND MEDICAL RELEASE FORM

I hereby give my consent for my child, _____ to represent her school in extra-curricular activities. I also give my consent for her to accompany their unit, as a member, to other schools and activities. I also consent and authorize the school or its representative to obtain, through a physician of its choice, such medical attention as is reasonably necessary for the welfare of the student, if she is injured or ill while in the course of school activities. I understand that the school is not financially responsible for any injury that may occur.

Signature of Parent/Guardian

Date _____

Address: _____

Insurance Company: _____

Policy Number: _____

Notary: _____

My commission expires: _____

This form must be completed and on file with the Dance Sponsor before any student will be allowed to practice or tryout for any unit.

*It is essential that this parental permission slip **be notarized** in order for most hospitals or physicians to treat a student.*

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form

History

Name _____ Sex _____ Age _____ Date _____
 Date of birth _____
 Address _____ Phone _____
 School _____ Grade _____ 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? 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? Have you ever been dizzy during or after exercise? Have you ever had chest pain or discomfort in your chest during or after exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you ever been told that you have a heart murmur, high cholesterol, or heart infection? Have you ever had racing of your heart or skipped heartbeats? Has anyone in your family died of heart problems or a sudden death before age 50? Does anyone in your family have a heart condition? 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? Have you ever been knocked out or unconscious? Have you ever had a seizure? 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? 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? 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? 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? 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"/> 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	<input type="checkbox"/>	<input type="checkbox"/>
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

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) 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, 2015, will satisfy the requirement through May 31, 2016.**

Physical Examination

COMPLETE	LIMITED	Height _____ Weight BP _____ /Pulse ___ Vision R 20 /		
		_____ L 20 / _____ 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 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.

Frequently Asked Questions



- ☞ Practices will be on **Tuesday's and Thursday's 2:30-4:00** unless other dates are more convenient for the coach. If a dancer does not attend practice, she will not be permitted to dance at the event to follow without permission given in advance.
- ☞ We will have a Saturday practice the Saturday before a PEP Rally which will be **mandatory** 8am- 11:30am.
- ☞ Extra practices, if needed, will be scheduled a week in advance and these will typically be due to an upcoming pep rally or special event
- ☞ Girls will dance at every home game (football, basketball and possibly volleyball)
- ☞ Football games are on Thursday's, volleyball and basketball games are typically on Monday's and Wednesday's
 - Again, we only dance for home games and those dates are not given until the season begins
 - The specific dates and time will be forwarded to the parent/dancer once the coach has been given this information
- ☞ Girls will attend the Robotics competition held at USA in October, the Semmes Christmas Parade, and other school wide events that promote school spirit or community events we may be invited to participate in. Mark calendars now as these events are **mandatory** to support our school and community.
- ☞ Fundraising
 - We will host 2-3 pizza sales on a Friday morning at school where parent help will be needed ~schedule will be given in the fall of 2020.
 - We will host one or two Saturday dance clinics for the elementary schools in the fall before Christmas break
 - We will cohost the back to school dance for the 6th graders on a Friday night determined by Administration with the Cheerleaders (Date TBA)
 - Parents may sale concessions at the home football games if we are permitted where funds will be divided only among those who work
 - Dancers may ask for community sponsors to which we will have their names placed on one of our camp shirts
 - I welcome any ideas you may have but again, less is more and this is to be a fun experience for everyone not a stressful one!

My goal is not to Fundraise crazy! Again, dance is an investment and it does cost just as studio dance does. Do NOT rely on fundraising as a means to pay your dance balance, but an added bonus if it works out! I do not believe in "asking" for money, as I believe work ethic is an important life skill to be learned so sponsors need to be thanked accordingly.

SEMME'S MIDDLE SCHOOL

Tryout Requirements

1. Membership on the team is open to 6th, 7th and 8th grades.
2. A candidate must be enrolled in Semmes Middle School by September 4th.
3. The sponsor and principal will determine the total number of squad members.
4. The squad shall dance for basketball and any other teams that need our service. This will include school functions that may or may not relate to athletics.
5. Dancers must have a "C" average with no grade less than a "D". This average is to be computed by utilizing the grades of the 2019-2020 school year. A dancer may not have an "E" on any report card for the 2019-2020 school year.
6. An applicant is ineligible to tryout if there has been more than one office referral or a suspension during the 2019-2020 school year. An applicant will also be ineligible if she has been removed from a team for any reason during the 2019-2020 school year.
7. Students must submit the following documents by the deadline set by the coach:
 - a. Semmes Middle School Dancing Constitution
 - b. Parental Permission Form
 - c. Waiver of Liability Form
 - d. Physical Form
 - e. Notarized Medical Release Form
 - f. Clinic/Try-out Information
 - g. Any other form(s) deemed necessary by the sponsor or principal
8. Students **must** participate in everyday of clinic in order to tryout. Those with planned events on tryout date may have their mock tryout be their official judged tryout if approved by dance sponsor/coach.
 - a. Tryouts will be conducted at the end of the clinic.
 - b. Tryouts will be judged by a panel of impartial, qualified individuals, who will use a score sheet to evaluate the contestants. Judges are selected by the sponsor/coach and are not announced. Judges are qualified and not affiliated with any local organization of the Semmes Community.
 - c. The principal and the sponsors will determine the number of dancers.
After the scores have been tallied, the 2020-2021 team will be selected and letters will be distributed to all candidates. This letter is to be opened off campus and is not to be opened until **off** SMS campus.
 - d. Participants should come to tryouts in a white short-sleeve t-shirt, **navy blue** capri-leggings, with white socks and tennis shoes (or jazz shoes but please do not purchase jazz shoes just for tryouts) and hair pulled out of face.

Below is the list of requirements for tryouts:

Overall:

- A. Technique
- B. Flexibility
- C. Rhythm/Musicality
- D. Memory

Skills:

- A. Grande jete
- B. Single (and/or double pirouette)
- C. Left and right battements
- D. Left and right splits
- E. Chaine turns

Personality:

- A. Smile
- B. Spirit
- C. Appearance
- D. Confidence
- E. Facial expressions

Throughout the week, candidates will learn a dance and a sideline. This dance will be performed in front of the judges in a group that will be chosen for you. At this time, you will also need to perform a skill session. This consists of the skills listed above as well as an 8-count combo. You will also have the opportunity to perform an optional dance skill.

