

**Crawford Middle School  
Dance Tryout Packet**

**Tryout Information:**

**Clinics:** September 17<sup>th</sup>, 18<sup>th</sup> 4pm—6pm in the Crawford Cafeteria

**Tryouts:** September 19<sup>th</sup> in the cafeteria. Time: 4:00 until tryouts are finished. Tryouts are closed to parents.

**Requirements:**

- You **MUST** have a current KHSAA physical on file before clinics on Monday, September 17<sup>th</sup>, to be able to participate in clinics and tryouts.
- Tryout packet and contract need to be turned in and signed to Ms. Gray by the first day of clinic on Monday, September 17<sup>th</sup>.
- You will be expected to learn a dance routine for tryouts
- You must have and maintain a **2.0 GPA from previous grading period AND HAVE APPROPRIATE BEHAVIOR**

**Important Information: Read Carefully**

1. **Practice:** Practice will begin September 23<sup>rd</sup> 4pm – 6pm. During the season, a dance team member cannot have more than 3 unexcused absences (an absence will be considered excused if it meets the following: family emergency, doctor's excuse, church or school related event). Parents must contact the coach ahead of time if a dance team member will miss a performance or practice.
  - a. At this time, practices will take place on Mondays and Wednesdays 4pm- 6pm.
  - b. If transportation is an issue, CMS has an activities bus that will drop students at their address in Infinite Campus. I must be contacted by the parent at least one school day prior so that the student-athlete's name can be added to the list. Is a recurring usage, after initial notification, I will only need to be notified if you no longer seek to use the activities bus.
2. **Grades:** You must maintain a **2.0 GPA** passing 5 of 7 classes each week to maintain eligibility **and satisfactory conduct** throughout the entire season.
3. Candidates must maintain a good attitude always. If chosen to represent CMS Dance Team, must represent the program in a positive light and be role models within our school.
4. **All CMS Dance Team members and Parents must:** 1) Respect the Coach. Lack of respect will result in immediate consequences or dismissal from the team. 2) Respect fellow Dance Team Members. We are a team and a family thus will support one another. 3) Respect every adult in the building.
5. **Fundraising:** Money raised will go to competition fees, uniforms, etc.
  - a. **Taco Tuesday Fundraiser at Chipotle** at 1869 Plaudit Pl Ste 140, Lexington, KY 40509 from 5pm - 9pm the Dance Team will receive 33% from all sales when the patron states they are there to support the CMS Dance Team. A shareable flyer will be provided to share on social media, email, or print.
  - b. Upon approval from CMS administration, we may have another fundraiser.

6. **Competitions:** We will compete in a competition. Fees may apply if not fundraised for. However, it is my goal to raise enough funds that all necessary fees are taken care of.
7. **Costs:** You are responsible for buying all socks, shoes, and school insurance (\$25) as stated in the Fayette County Athletic Guidelines.
8. **Commitment:** The dance season starts after tryouts and goes until the end of the boys' basketball season. However, if we agree as a team to compete in a competition prior to March, the season will end after the last agreed competition. You must be committed to this activity. At competition time, we may need to add additional practices. Lack of commitment may result in your dismissal from the team.
9. **Attendance to School:** Dance Team members **must attend at least ½ of the school day** on the day of any event to participate (performances/games/practices).
10. **Remind App:** Your Parent/Guardian must sign up with the Remind App to stay engaged with our Dance Team activities. This will cut down on parent meetings.

**\*Proper excuse to miss a game, practice, or performance can be one of the following: personal illness (must have doctor note), family emergency, church or school related event.** (Parents must email or call Ms. Gray prior to the absence. It will be **unacceptable** for a dance team member to call or email the coach about an absence).

**\*If a dance team member receives an office referral at any time, it will be discussed by the coach, athletic director, and school administration as to whether they will still be able to stay on the team.** Conduct that is inappropriate of a CMS dance team member will not be tolerated. The coach, athletic director, and administration will determine the demerits and punishment.

## Tryout Application

Please PRINT the correct information clearly.

**Personal Information:** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dance Team Member Phone #: \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST: Zip: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Current Team you are on: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*Will your student need use activities bus on practice days? circle one: **YES** **NO**

**Medical Information:** Doctor: \_\_\_\_\_

Doctor phone number: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

1. Are you allergic to anything (medications/food)? \_\_\_\_\_

2. If so, please list:

\_\_\_\_\_

3. 2. Are you currently taking any medications? \_\_\_\_\_ If so, please list:

\_\_\_\_\_

4. 3. Are you currently being treated for any injuries? \_\_\_\_\_ If so, please list:

\_\_\_\_\_

5. Other Information:

1. Are you currently or planning to become a member of any club, organization, or team requiring extra practice time? \_\_\_\_\_ If so, please list:

\_\_\_\_\_

\_\_\_\_\_

**Medical Treatment Authorization  
And Liability Release Form**

I, the undersigned parent or guardian, do hereby grant permission for my son/daughter, \_\_\_\_\_,

to participate in the activity of dancing at Crawford Middle School. In order that my son/daughter may receive the necessary medical treatment in the event he/she may sustain injury or illness during participation in this activity, I hereby authorize the dance team coach or other supervising adults to obtain medical treatment for my son/daughter for such injury or illness during the activity, and I hereby hold Fayette County Public Schools, and its representatives harmless in the exercise of authority. I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility that my son/daughter may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with his or her participation. I further acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release Crawford Middle School and its representatives from any claims for personal illness or injury that my son/daughter may sustain during participation in this activity. Further, we understand that school and or personal insurance must cover our son/daughter if ever injured. We give our permission for our child to receive medical attention in the event that we cannot be present or reached for any reason.

My son/daughter and I have read and understood the above Medical Treatment Authorization and Liability Release.

\_\_\_\_\_

\_\_\_\_\_

Signature or Parent or Guardian Date

\_\_\_\_\_

\_\_\_\_\_

Participant's Signature Date

**Contract Agreement**  
**Applicant Release:**

I, \_\_\_\_\_, have read all the rules, regulations and the Contract that governs the Crawford Middle School Dance Team. As a representative of my school, I understand and agree by them if selected as a dance team member for the 2017-2018 school year.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Parental Release:**

I, the undersign, have read and fully understand the rules, regulations and the Contract which will govern my son/daughter is he/she is chosen to represent Crawford as a member of the dance team. I further understand that this is an extracurricular activity and that attendance at all practices, games, and special functions is a requirement of the elected dance team member.

I hereby give consent to my son/daughter, \_\_\_\_\_, to try-out for the dance team at Crawford Middle School and recognize his/her responsibilities and requirements as a leader of his/her school. I understand that, if chosen, my son/daughter will be required to pay for shoes, socks, bows, and competitions. I further understand that Crawford Middle School has established rules and regulations pertaining to conduct. All dance team participants must abide by these rules and regulations during participation in this activity, and that my son/daughter and I will be responsible for his/her failure to abide by those rules and regulation.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date