FHS Stars Dance Team Checklist

Candidate Name:_____

Grade Level for 2019-2020 _____

Place all application materials in a manila envelope with this checklist on top in the correct order listed below, clearly marked as follows:

Attention: Kendra Kullman, Stars Dance Team Director
Candidate's Name
Frisco High School Dance Team Auditions 2019-2020

Turn in at the Frisco High School Front Office
Or
Directly to Mrs. Kullman (Indoor Facility/Dance Studio)
No later than Thursday March 7th, 2019 at 4:30pm

Tryout Checklist

- Candidate Application Form
- Information/Agreement Form
- Participation/Code of Conduct Contract
- Parent Permission/Financial Obligations Acknowledgement Form
- FISD Signature Pages
- Report Card: Must show grading periods for the first three six weeks.
- ***Physical Form, COMPLETED BY A PHYSICIAN (2 sided) – this must be turned in to Mrs. Kullman by April 12th, 2019. Physicals must be dated March 2019 or later.

****Failure to have forms turned in prior to tryouts will result in tryout ineligibility****

To be checked off by Dance Director:

- Parent attended mandatory meeting.
- OR
- Met with Mrs. Kendra Kullman, Director, to receive packet and had option of checking out tryout meeting video. Parent must contact Mrs. Kullman by March 1st.
- Candidate fulfills all requirements stated in the FISD Dance Team Code of Conduct (see Articles II and III)

2019-2020 Stars Candidate Application

Name:_____Birthday:_____(mm/dd/yy)

Current Grade Level:_____ Student ID #:_____

Address_____

City:_____Zip Code:_____

Student Phone: (_____) - _____-_____

Student E-mail:_____

Mother/Guardian Name:_____

Home(_____) - _____-_____ Work(_____) - _____-_____

Cell(_____) - _____-_____

E-mail:_____

Address (if different then student's):_____

_____

Father/Guardian Name: _____

Home (_____) - _____-_____ Work(_____) - _____-_____

Cell(_____) - _____-_____

E-mail:_____

Address (if different then student's):_____

_____

Other Organizations you plan to be in next year:

_____

Stars Dance Team
Participation
FISD Dance Team Code of Conduct Contract
2019-2020

Participation in the FHS Stars Dance Team organization is a privilege, not a right. For the member to retain this privilege, the policies and procedures contained in the FISD Dance Team Code of Conduct must be adhered to in the spirit of discipline, education, and overall goals and objectives of the Frisco Independent School District and the Frisco Stars Dance Team.

The policies and enforcement procedures are relative to the FHS Stars Dance Team program and will be administered accordingly. The rules, regulations, and policies are all outlined in the FISD Dance Team Code of Conduct and Stars Demerit System.

I have read the Frisco ISD's Dance Team Code of Conduct 2019-2020, and fully understand the expense, time, and discipline that would be required of me as a dance team member. I agree to abide by all provisions of the FHS Stars Dance Team. I understand that if I am unable to meet the requirements set forth in the FISD Dance Team Code of Conduct and FHS Stars Demerit System, I will forfeit my membership as a FHS Stars Dance Team member.

_____	_____	_____
Student Name (PRINTED)	Student Signature	Date

I have read the Frisco ISD's Dance Team Code of Conduct and Guidelines 2019-2020, and am fully aware of the time, expense, and discipline membership would mean to my son/daughter. I understand and agree to abide by all provisions of the FISD's Dance Team Code of Conduct and Stars Dance Team Demerit System. I further stipulate that I will assist the Stars Dance Team Director and Frisco High School in the monitoring and enforcement of the code of conduct policies and procedures. I support my son/daughter in this endeavor and understand the implications that will result if the rules and regulations are not followed.

_____	_____	_____
Parent Name (PRINTED)	Parent Signature	Date

Frisco Stars Dance Team
Parental Permission Form

_____ (candidate's name) has my permission to participate as a member of the Frisco High School Stars Dance Team in all team practices, performances, and other activities. I understand and accept the rules and regulations that accompany participation as a member of the dance team as well as the penalties for failing to comply (as outlined in the Frisco ISD Dance Team Code of Conduct and guidelines and the FISD Extracurricular Code of Conduct). I will assist in every way to ensure that the rules and regulations of the Frisco Stars are upheld. I also understand that parental involvement is essential to the success of the Frisco Stars and I will do my best to lend my help to my son/daughter and the team through involvement in the Frisco Stars Booster Club.

An estimate for individual expenses for the 2019-2020 FHS Stars is approximately $850. Many required items are a one-time start up expense, as well as other expenses that will cover two or three years. Therefore, upon the member's return in subsequent years, expenses are considerably less.

APPROXIMATE TOTAL COST = $850

{Covers items such as: camp, practice attire, dance shoes, field boots, tights, team bag, etc.)

April 24th Payment for all uniform items is due at fitting.

May 10th Camp balance is due.

I understand and agree to pay costs involved for my son/daughter to participate in the FHS Stars. I understand that my son/daughter will not be allowed to perform until these payments are secured.

Parent Name:_____

Parent Signature:_____

Information Agreement Form

A mandatory Parent/Candidate meeting for Stars Dance Team Auditions was held February 27th 2019 at Frisco High School. Applications for membership were distributed and discussed at that time. General team information, including expenses, tryout procedures, policies, and expectations was presented. While the application contains complete information, each candidate is responsible for any information discussed at that meeting.

This form must accompany your application whether or not your parent or guardian attended the February 27th, 2019 meeting. Your application will be incomplete without this page and you will not be allowed to audition.

_____ _____

Parent Signature Date

_____ _____

Candidate Signature Date

FRISCO INDEPENDENT SCHOOL DISTRICT

Dance Team Acknowledgment Form

to be turned in prior to tryouts

I PLEDGE TO FOLLOW THE DANCE TEAM CODE OF CONDUCT SET FORTH BY FRISCO INDEPENDENT SCHOOL DISTRICT.

I HAVE READ AND UNDERSTAND THE GUIDELINES SET IN THE CODE OF CONDUCT AND WILL ADHERE.

_____ _____

STUDENT SIGNATURE DATE

I HAVE READ AND UNDERSTAND THE GUIDELINES SET IN THE CODE OF CONDUCT AND MY CHILD WILL ADHERE.

_____ _____

PARENT SIGNATURE DATE

FRISCO INDEPENDENT SCHOOL DISTRICT

Dance Team Medical Release Form

to be turned in prior to tryouts

DANCE TEAM MEDICAL RELEASE FORM

Student's Name:

_____

School: _____ Grade: _____

I certify that _____is physically capable and able to fulfill requirements needed to be a dance team member. I understand that this form legally releases all obligations and responsibilities for the medical treatment of my daughter in the event of illness or injury during any squad related activity when either parent cannot be reached. If there is any physical or medical reason why she should not participate fully, the school requires a doctor's release. Furthermore, the school is not liable for any injury incurred during Dance Team.

Parent(s) Signature: _____ Date: _____

MEDICAL TREATMENT PERMISSION FORM

In the event of an emergency occurring while my daughter is on a school sponsored practice, performance, or trip. I grant my permission to the school and its employees to take whatever action necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my daughter, to receive medical treatment.

Home Phone: _____ Business Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to be notified other than parent or guardian in an emergency:

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

If you do not grant permission/authorization for consent to medical treatment, what procedure should be followed?

Insurance Company: _____ Policy #_____

Parent(s) Signature: _____ Date: _____

Medical Information:

	Circle One			*Circle One*	
Heart condition or disease	Yes	No	Asthma	Yes	No
Diabetes	Yes	No	Allergic to medication	Yes	No
Convulsions disorder	Yes	No	Allergic to insect stings	Yes	No

State allergies: _____
Date of last tetanus shot: _____
Additional medical information that might be helpful: _____
Any medications currently receiving: _____

FRISCO INDEPENDENT SCHOOL DISTRICT

FRISCO INDEPENDENT SCHOOL DISTRICT

Inherent Risk Sheet- *to be turned in prior to tryouts*

INHERENT RISKS OF DANCE TEAM:

Dance Team participation is reasonably safe as long as certain guidelines are followed, but there is the inherent risk of injury as in any athletic activity. Dance Team is an anaerobic/aerobic activity which includes jumping, stunting, motions, and tumbling. All physicals must be on file in the high school office before you may participate in practices and games. Keep your sponsor informed of all injuries and/or chronic conditions.

Although the probability of injury is minimized if you practice correctly, there is always the possibility of one occurring. Injuries that can occur in Dance Team include, but are not limited to, the following: *Blisters, muscle strains, ligament sprains, joints and muscle soreness, abrasions, contusions, stress fractures, broken bones, spinal cord injuries involving paralysis, and even death. However, if you take certain precautions, the possibility of such injuries will be largely decreased.*

BE SURE TO CONSISTENTLY ABIDE BY THE FOLLOWING GUIDELINES:

NEVER stunt or tumble unless a sponsor or sponsor's designee is present
Always practice in the presence of a qualified teacher
Always warm-up appropriately before dancing (practice and games) by jogging & stretching
Do not attempt a stunt that you do not know how to perform safely and that has not been checked *off* by the teacher
Always use attentive spotters when stunting
Always dance in an area free from obstruction
Always use mats or a grassy area when stunting during practice
Do not stunt on uneven ground, wet surfaces, and concrete. Do not stunt in cold or rainy weather
Never talk, laugh, mess around when performing a stunt
Report all injuries to the coach as soon as they occur
Follow all trainer and doctor recommendations
Lift weights to increase strength and guard against injuries
Always wear shoes and clothing appropriate for Dance Team
Never wear jewelry of any kind of chew gum when dancing (practice and games)
Always have your hair pulled back from your face and shoulders
Eat nutritious meals and get plenty of rest
Always ask for assistance or advice at any time

I have read the preceding warning
I thoroughly appreciate and understand the assumption of risks inherent in Dance Team participation
I acknowledge that I am physically fit and am voluntarily participating in this activity

STUDENT SIGNATURE _____ DATE _____
PARENT SIGNATURE _____ DATE _____

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2017

This **MEDICAL HISTORY FORM** must be completed ***annually*** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

		Yes	No
1.	Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
	Have you ever had surgery?	☐	☐
3.	Have you ever had prior testing for the heart ordered by a physician?	☐	☐
	Have you ever passed out during or after exercise?	☐	☐
	Have you ever had chest pain during or after exercise?	☐	☐
	Do you get tired more quickly than your friends do during exercise?	☐	☐
	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
	Have you had high blood pressure or high cholesterol?	☐	☐
	Have you ever been told you have a heart murmur?	☐	☐
	Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐
	Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	☐	☐
	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
	Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
4.	Have you ever had a head injury or concussion?	☐	☐
	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
	If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below)		
	Have you ever had a seizure?	☐	☐
	Do you have frequent or severe headaches?	☐	☐
	Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐
	Have you ever had a stinger, burner, or pinched nerve?	☐	☐
5.	Are you missing any paired organs?	☐	☐
6.	Are you under a doctor's care?	☐	☐
7.	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐
8.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
9.	Have you ever been dizzy during or after exercise?	☐	☐
10.	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
11.	Have you ever become ill from exercising in the heat?	☐	☐
12.	Have you had any problems with your eyes or vision?	☐	☐

		Yes	No
13.	Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
	Do you have asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
14.	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
15.	Have you ever had a sprain, strain, or swelling after injury?	☐	☐
	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
	If yes, check appropriate box and explain below:		

☐ Head	☐ Elbow	☐ Hip
☐ Neck	☐ Forearm	☐ Thigh
☐ Back	☐ Wrist	☐ Knee
☐ Chest	☐ Hand	☐ Shin/Calf
☐ Shoulder	☐ Finger	☐ Ankle
☐ Upper Arm	☐ Foot	

16.	Do you want to weigh more or less than you do now?	☐	☐
17.	Do you feel stressed out?	☐	☐
18.	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐

Females Only

19. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

Males Only

20. Do you have two testicles? _____
21. Do you have any testicular swelling or masses? _____

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

_____
_____
_____
_____

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth_____

Height _____ Weight_____ % Body fat (optional) _____ Pulse _____ BP____/____ (____/____, ____/____)
brachial blood pressure while sitting

Vision: R 20/_____ L 20/___ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It ***must*** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. **** Local district policy may require an annual physical exam.***

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

_____

☐ Not cleared for:_____Reason: _____

Recommendations: _____

_____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.