

# **THE WOODLANDS HIGH SCHOOL 2020-2021 HIGHSTEPPER NEW MEMBER TRYOUT PACKET JUNE 1-26, 2020**

**\*\*Due to COVID 19, TRYOUT PROCEDURES WILL BE A BIT DIFFERENT THIS YEAR, BUT THE RESULTS WILL REMAIN THE SAME...THERE IS NO SET NUMBER FOR NEW MEMBERSHIP**

## **TRYOUT PROCEDURES**

**Step 1:** Print and Complete the 1 Page Application Form and Medical Release Form, Scan the completed forms and email directly to [deanna\\_smith@conroeisd.net](mailto:deanna_smith@conroeisd.net) AND [hhays@conroeisd.net](mailto:hhays@conroeisd.net)

\*\*\*you can scan forms in the note section of your iphone or by using google drive or a scanning app

\*\*\*No paper copies will be accepted

**\*\*\*\*\*DUE BY JUNE 10<sup>TH</sup>\*\*\*\*\***

**Step 2:** Learn the tryout dance off of the videos provided. This is last year's tryout dance because the skill level will be the same. There will also be a copy of the music temporarily on the website. The kick portion of the tryout will be the exercise kicks taught at the end of the stretching video. There will be no set kick dance.

**Step 3:** You will get an email and text message assigning your time and the procedures for the clinic to be held at TWHS large gym, June 22nd-25<sup>th</sup> from 1:00 PM-4:00 PM. Groups will be no more than 20, working in two groups of 10. At the clinic, we will go over details and work in small groups of 4 for tryout practice. Social distancing will be practiced at all times, the girls will not hook up for kicks. There will be no physical contact and gym surfaces will be cleaned both before and after each 1 hour work session. Parents are to drop off and pick up only and girls cannot arrive early or stay later than the time given to each candidate. TWHS cannot be used for any private lessons.

**Step 4:** Tryout before a panel of judges Friday, June 26<sup>th</sup> from 1:00 PM – 4:00 PM. The girls will arrive at their allotted times in the same groups of 20. There will be no 'holding tank' while trying out and no recalls. Each group will be in the gyms separated and the judges will request to look at any candidate again before the group will be dismissed. Candidates are not allowed to come early or stay after their allotted times.

**\*\*\*\*\*RESULTS WILL BE POSTED ONLINE WEBPAGE TBA SATURDAY, JUNE 27<sup>TH</sup> BY 5:00 PM**

1. Dress for the learning/practice sessions and judging must be comfortable, as well as appropriate. Leotards are recommended, but shorts and T-shirts can be worn. Tennis shoes(preferably ked-type) are required. No cut-offs, halter tops tube tops, midriff tops, will be allowed. Hair should be tied off the face.
2. Each candidate will be ASSIGNED a number for use during judging. **CANDIDATES WILL BE REQUIRED TO MAKE THEIR OWN TRYOUT NUMBER ON A ½ PAGE SHEET OF COMPUTER PAPER IN BLACK LARGE ENOUGH FOR JUDGES TO SEE.** The number is to be pinned on the front of the chest. Members will be posted by number NOT name. No announcements will be made on the try out day.
3. Members will be selected totally by a panel of judges formally associated with the Highstepper Organization.

## **Nondiscrimination Statement**

The Conroe Independent School District does not discriminate on the basis of race, religion, color, national origin, gender, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.

TO BE COMPLETED BY ALL CANDIDATES-Due by Email June 10

Conroe Independent School District

Medical Release for Try-Outs

(For Cheerleading and Drill Team use only)

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Student's Social Security: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student's address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Father's Cell/Pager: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Cell/Pager: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Number: \_\_\_\_\_

Emergency contact in case parent/guardian cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical History

Does your child have a previous history of:

	Yes	No
Bone/joint injury/disease?.....	___	___
Neck injury?.....	___	___
Being unconscious/knocked out?.....	___	___
Seizures/convulsions?.....	___	___
Frequent headaches?.....	___	___
Bleeding/blood disorders?.....	___	___
Heat illness?.....	___	___
Allergies (seasonal, insects)?.....	___	___
Allergies (medication)? .....	___	___
Heart disease?.....	___	___
High blood pressure?.....	___	___
Heart murmur? .....	___	___
Viral infection (mono)?.....	___	___
Eye/vision problems? .....	___	___
Missing/non-functioning limb?.....	___	___
Asthma?.....	___	___
Emotional disturbances? .....	___	___
Take medication? .....	___	___
Had surgery in the past year?.....	___	___
Currently under physician's care?.....	___	___
Wearing contacts/glasses?.....	___	___

Insurance Information

Insured's Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_

PPO or HMO: \_\_\_\_\_

Explain all Yes answers:

I hereby understand that this form is for tryout use only and once tryouts are over I must have a complete physical on file in the training room to participate with the squad.

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 to the said student by any physician, athletic trainer, nurse, hospital, or school representative: and I do hereby indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

Note: You will not be covered by the Conroe ISD insurance plan during tryouts. Any injury that occurs will be the responsibility of the parent/guardian.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **HIGHSTEPPER APPLICATION-Due by email June 10**

CANDIDATE NAME \_\_\_\_\_

CIRCLE GRADE **FALL 2020**   9    10   11   12  SCHOOL ENROLLED 2019-2020 \_\_\_\_\_

PRIMARY PARENT CONTACT (DURING TRYOUTS) \_\_\_\_\_

SAME PARENT EMAIL & CELL PHONE \_\_\_\_\_

STUDENT CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HAVE YOU HAD ANY DANCE, BATON, MUSIC, CHEERLEADING, DRILL TEAM, GYMNASTICS TRAINING, OR EXPERIENCE? IF SO, PLEASE LIST WHERE, WHEN AND HOW LONG:(DO NOT INCLUDE PRIVATE LESSONS)-THIS IS NOT A REQUIREMENT

## **PARENT TRYOUT PERMISSION**

Your daughter has expressed her desire to participate as a member of The Woodlands Highsteppers Dance Team. Before she can be considered as a candidate, we must have a signed permission form from you indicating that she will receive your cooperation, support and understanding in meeting her responsibilities as a member. If a girl becomes a member of the Highsteppers, she will be required to continue to meet eligibility requirements through the remainder of the year as well as future years as a Highstepper.

Each Member shall be expected to:

- \*Attend practice sessions during the summer and provide own transportation to and from these sessions.
- \*Maintain a high standard of character, exhibiting strong leadership qualities of school and moral behavior.
- \*Be willing to abide by all rules and regulations set for the Highsteppers outlined in the Policies and Procedures.
- \*Attend practices and performances throughout the entire school year. There will be daily after school practices beginning the first day of school and continuing through the conclusion of football season (including playoffs). There will be daily after school practices from January through the completion of contest season around the first week of April. Practices may include some Saturdays in Sept.\Oct. and/or Feb.\Mar.
- \*BE WILLING TO ACCEPT THE OUTCOME OF PERFORMANCE TRYOUTS PRIOR TO EVERY PERFORMANCE.**
- \*Have a yearly physical examination as well as proof of medical insurance on file with The Woodlands High training office. NEW PHYSICAL INFORMATION WILL BE ANNOUNCED POST TRYOUT
- \*Purchase her own day & practice attire, shoes, hair ribbons, etc. at her own expense. Field Uniforms are provided

DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_