

     **Vernon Middle School**
Panther/Pantherettes
Try-Out Information      

We are very excited that you are considering trying out for the 2017- 2017 Vernon Middle School dance team. There are always rules and procedures to follow, so we can all be on the same page. Please read the following information carefully and thoroughly. This information should answer any questions or concerns you have about the dance clinic, try-outs and expectations after selection. If you have any questions that are not addressed in this packet, feel free to contact Mrs. Vela at taylorvela@vpsb.k12.la.us. You may also leave a message at 238-1505 and we will return your call as soon as possible.

Upon careful consideration of all the information provided, please sign and return the permission form and application along with your \$40 **non-refundable** clinic fee to Vernon Middle School. This \$40 clinic fee is used to purchase clinic t-shirts and pay clinic personnel. Forms and fees must be returned no later than, June 5, 2017.

The squad will be a mixture of both 5th and 6th grade students. Students with the highest possible points will make up the dance team. If there is a tie for the last position, both will be selected. There will not be any alternates.

IMPORTANT INFORMATION

Eligibility

- Candidates must have at least a “C” average in all subjects (grades will be checked prior to tryouts via the copy of **most up-to-date report card**)
- Candidates must turn in their signed permission form, application, and clinic fee by Monday, June 5, 2017 to Mrs. Vela, the VMS front office, or faxed to (337)239-2291.
- Candidates must attend **all** days of the clinic to be eligible for tryouts.

Try-outs

- Clinic is scheduled for Monday, June 12 from 8-11 and Tuesday, June 13 from 8-11. Tryouts are at 12:00. Please pick up your student at 1:00 each day.
- All candidates must be dressed in black shorts, clinic T-shirts, and tennis or jazz shoes.

You will not be allowed to try-out if you do not attend the clinic or are not in appropriate attire.

Hair must be pulled back out of the face and no jewelry.

- No parents or other family members are allowed at clinic or try-outs.
- Each dancer will be individually judged on turns, kicks, technique, showmanship, appearance and dance.

Dance Clinic

Those students who make the dance-line, will continue with the clinic for the remainder of the week.

- The clinic will continue June 14th and June 15th from 8:00-1:00
- *Please be on time each day of the clinic.*
- Girls/boys should dress comfortably and be prepared to work.
- No playing or talking will be tolerated during clinic.
- Bring water or Gatorade to keep hydrated!

REQUIREMENTS FOR MEMBERS AFTER SELECTION:

- ³⁵₁₇ Student must maintain a 2.0 "C" average in each academic subject.
- ³⁵₁₇ School and classroom conduct will be monitored by sponsors.
- ³⁵₁₇ Student must pay \$270 for dance-line fees (deadlines must be followed)
- ³⁵₁₇ Fee payment includes – mandatory summer camp, rental/user fee for performance uniforms, shoes, and monogrammed bag.
- ³⁵₁₇ Bag and shoes will be yours to keep.
- ³⁵₁₇ Student MUST attend all practices and games for the duration of the designated time unless excused by the sponsors. (practices are closed to parents)
- ³⁵₁₇ Student must have transportation to and from all practices & to and from the school on game days
- ³⁵₁₇ Student must follow ALL rules as stated by the coach/sponsors and the VMS Dance-line contract/demerit system. Misbehavior in the classroom/ school will not be tolerated.

A more detailed list of rules/ expectations will be sent out once a student is selected for the VMS Dance-line.

- The first deposit of \$90.00 will be due by Wednesday, June 14th if your child makes the danceline. The remaining \$180 my be split into payments in July and August. All fees must be paid in full before the start of the school year.

BEST OF LUCK!!

Vernon Middle Dance-line Application

Please include the following items (*your application is not complete without all three items*):

1. A copy of proof of insurance
2. A copy of your child's last report card
3. A non-refundable \$40 clinic fee (covers the cost of dance-line shirt and clinic).

T-shirt size: YM YL AS AM AL AXL
 (Please Circle One)

Please print the following information clearly and return by Monday, June 5, 2017.

Personal Information:

Name:		Phone Number:	
Address:		City:	Zip:
Date of Birth:	Parent/Legal Guardian:		Relationship
Circle: Female or Male			
Work Phone:		Cell Phone:	
Emergency Contact Name:		Phone Number:	
Emergency Contact Address:		Work Phone:	
Email address:			

For health and safety reasons, please list any prior orthopedic injuries, any medical or physical conditions, or any activity limitations that our clinic staff should be aware of.

For Office Use Only

Grade Level:	Report card G.P.A.:	
Copy of Insurance	Clinic Fee	Uniform Top: Uniform Bottom: Practice Shorts: Practice Tee: