

CHS Sweetheart Dance Team Checklist

Candidate Name: _____

Grade level **for** 2024-2025 _____

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

Attention: Marina Gonzalez, Centennial High School
Candidate's Name
Centennial High School Dance Team Auditions 2024-2025

Turn in at the Centennial High School Front Office

Or

Directly to Mrs. Gonzalez (CHS Dance Studio G1113)

No later than Monday, February 12th by 4:30 PM

Tryout Checklist:

- Sweetheart Dance Team Candidate Application
- Sweetheart Dance Team Acknowledgement Forms & Contracts
- CSBC Financial Agreement Form
- FISD Signature Pages (3 total)
- Report Card showing grades for Q1 and Q2

*****Candidates with incomplete packets or forms will be disqualified for tryouts*****

To be checked off by the Dance Director:

- Parent/Candidate attended the mandatory meeting
- Candidate fulfills all requirements stated in the FISD Dance Team Code of Conduct

Sweetheart Dance Team Candidate Application

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

Grade for 24-25: _____ Student ID # _____

Address: _____

City: _____ Zip Code: _____

Student Phone: (_____) - _____ - _____

Student Email: _____

Dance studios you train at:

Other organizations you plan to be involved in next year:

Primary Contact: _____

*The primary contact will receive all correspondence regarding the applicant listed above.

Check one of the following: Mother _____ Father _____ Guardian _____

Cell Phone: (_____) - _____ - _____ Work Phone: (_____) - _____ - _____

Parent Email: _____

Address (if different than the student's): _____

City: _____ Zip Code: _____

Secondary Contact: _____

Check one of the following: Mother _____ Father _____ Guardian _____

Cell Phone: (_____) - _____ - _____ Work Phone: (_____) - _____ - _____

Parent Email: _____

Address (if different than the student's): _____

City: _____ Zip Code: _____

Sweetheart Dance Team Acknowledgement Forms & Contracts

Centennial High School Sweetheart Dance Team Information Agreement Form

A mandatory Parent/Candidate meeting for the Sweetheart Dance Team Auditions was held on January 29th, 2024 at Centennial High School. Applications for memberships were distributed and discussed at that time. General team information, including expenses, tryout procedures, policies, and expectations was presented. While the applications contain 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 meeting on January 29th, 2024. Your application will be incomplete without this page and you will not be allowed to audition.

Centennial High School Sweetheart Dance Team Participation/Dance Team Code of Conduct Contract

Participation in the CHS Sweetheart Dance Team organization is a privilege, not a right. For the member to retain this privilege, the policies, and procedures contained in the FISD Code of Conduct and the Centennial High School Sweetheart's Addendum/Guidelines must be adhered to in the spirit of discipline, education, and overall goals and objectives of the Frisco Independent School District and the Centennial Sweetheart Dance Team

The policies and enforcement procedures are relative to the CHS Sweetheart Dance Team program and will be administered accordingly. The rules, regulations, and policies are all outlined in the FISD Dance Team Code of Conduct, Centennial High School Addendum/Guidelines, and the Sweetheart Accountability System.

As a student, I have read the Frisco ISD's Dance Team Code of Conduct 204-2025, and fully understand the expense, time, and discipline that is required of me as a dance team member. I agree to abide by all provisions of the CHS Sweetheart's Dance Team. I understand that if I am unable to meet the requirements outlined in the FISD Dance Team Code of Conduct and Centennial Sweetheart Accountability System, I will forfeit my membership as a CHS Sweetheart Dance Team Member. I understand that my parent/guardian's role is to assist the Sweetheart Dance Director and Centennial High School in monitoring and enforcing the code of conduct policies and procedures.

As a parent, I have read the Frisco ISD's Dance Team Code of Conduct 2024-2025, 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 Sweetheart Dance Team Accountability System. I further stipulate that I will assist the Sweetheart Dance Team Director and Centennial 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 rules and regulations are not followed.

Centennial High School Sweetheart Dance Team Financial Contract

An estimate for individual expenses for the 2024-2025 Sweetheart Dance Team is approximately \$1,400. Many required items are a one-time start-up expense and 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 = \$1400.00

Covers items such as Camp, choreographers, personal practice attire, personal performance attire, costumes, props, contest registration fees, etc.

Payment #1 - \$400 (Camp/Choreographer Fee/Student Supply Fee)

Payment #2 - First half of your remaining balance (Personal items ordered from the order form)

Payment #3 - Second half of your remaining balance (Personal items ordered from the order form)

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

Parent Signature

Date

Candidate Signature

Date

Centennial High School Sweetheart Dance Team CSBC Financial Agreement

The Sweetheart Dance Team is fortunate to have the financial support of the Centennial Sweetheart Booster Club, or CSBC. The function and purpose of CSBC is to provide financial support to the Sweetheart Dance Team Director and the organization as a whole. CSBC gathers necessary funds through organization-wide fundraisers, spirit nights, family sponsorships, and corporate sponsorships. **All organization members benefit *equally* from the efforts and funds raised by CSBC. All members and parents of the organization are expected to participate in all CSBC fundraising activities/events.**

CSBC fundraisers for the 2024-2025 school year include:

- Snap Raise - May
- Toyota Concession Stand Fundraisers - May-August. Additional dates will be added
- Poinsettia Sales - October
- Mini Clinic - October & February
- Additional fundraising opportunities include but are not limited to family/corporate sponsorships and spirit nights through restaurants and businesses such as the Mum Shop.

All families are expected to participate in the fundraising opportunities presented by CSBC. Families may participate in the following ways...

1. Selling the required minimums communicated for each fundraiser
2. Partial sale of minimums communicated and payment to cover the difference
3. Payment to cover the full cost of the minimums communicated, no selling obligations required

All families of the organization are encouraged to join CSBC. The membership fee is \$50. While this is an optional membership, members are offered lower rates for team events such as Mother-Sweetheart Tea and the Sweetheart Dance Team Banquet.

Printed Parent Name

Parent Signature



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:

Heart condition or disease	<u>Circle One</u> Yes No	Asthma	<u>Circle One</u> 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

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 or 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 _____

Sweetheart Manager Application
Optional Application - Must be on file to be considered

Last Name

First Name

Current Age

Grade for 24-25 School Year

Skills that would be relevant to this position:

Hobbies/Interests:

Please list any organizations you are affiliated with in or outside of CHS:

Do you work? Yes No

Do you have reliable transportation? Yes No

Parent/Guardian Signature

Date

Candidate Signature

Date