

Northshore  
**Silverbelles**  
Tryout Packet

2019-2020

## **NHS SILVERBELLES TIMELINE**

### **Wednesday, March 20, 2019**

Mandatory Tryout meeting 6:30 PM NHS Library

ITEMS DUE BEFORE LEAVING:

- Northshore High School Application for Silverbelle Tryouts Form (Page 3)
- List of Teachers (Page 4)

### **Monday, March 25 – Wednesday, March 27**

Mandatory Tryout Clinic 4:30-6:30 PM NHS Gym

**Clinic and tryouts are closed to all but the dancers**

ITEMS DUE:

- Signed Shortened Contract (Page 8)
- LHSAA Physical (Page 9-10)
- Copy of Semester Report Card
- Proof of Medical Insurance (Page 11)
- \$20 Judges Fee Cash or Check made out to NHS

**\*\*You may not tryout if the requirements above are not completed on time.**

### **Thursday, March 28**

Tryouts 4:30 until Callbacks are complete NHS Gym

### **Wednesday, April 10**

Varsity Uniform Fitting 6:30 PM room 706

- Summer Varsity order payment due **April 19<sup>th</sup>**

### **Tuesday, April 16<sup>th</sup> – 1<sup>st</sup> practice as a 2019-2020 Silverbelle Team!**

Practice Begins 4:30-6:30 NHS Cafeteria

ITEMS DUE:

- \$385 UDA Camp Fees!!!
  - Check made out to NHS

Practices will be held Tuesday, Wednesday, and Thursday until the end of school.

Times: 4:30-5:30

\*\*\*Summer practice schedule TBA

### **Monday, June 17 – Thursday, June 20**

UDA Custom Camp

Southeastern Louisiana University

Northshore High School Application for Silverbelle Tryouts

My child, \_\_\_\_\_ has my permission to try out for Silverbelles at Northshore High School. I understand that if he/she makes a squad, he or she must abide by all the rules and regulations set forth by the advisor(s) and the principal of Northshore High School and be present for all practices, meetings, functions, and games.

- I understand that my daughter/son will be evaluated by qualified judges and we agree to abide by the decision of the judges.
- I understand all costs involved.
- I understand by the very nature of the activity, dancing, cheerleading and gymnastics carry a risk of physical injury. No matter how careful the participant and coach are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated. The risk of injury includes minor injuries such as muscles pulls, dislocation, and broken bones. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck, or head. I understand these risks and will not hold Northshore High School or any of its personnel responsible in the case of accident or injury at any time.
- **Silverbelles will take precedence over all other activities, including sports practices and competitions. You will receive Silverbelle demerits for any practices you miss other than for a death in the family and illness with a doctor's note. Do not tryout if you want to be on any sports teams, you will not be able to attend two practices at once. Every person on the squad is depending on your being there. If you do not attend practice we cannot do stunts, work on spacing, timing, etc.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

I am interested in being a Silverbelle at Northshore High School. I understand the risks stated above. If elected, I promise to abide by the rules and regulations set forth by the advisor(s) and the principal of Northshore High School. I promise to cooperate and follow the instructions of the Silverbelles coach(s) and advisor(s).

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

School now attending: \_\_\_\_\_ Grade next year: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Work Number: \_\_\_\_\_ Mother's Cell Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_ Father's Cell Number: \_\_\_\_\_

Physical Problems or Chronic Bone/Joint Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

List any extracurricular activities in which the student resigned or was forced to resign. Please state why resignation occurred. \_\_\_\_\_

Have you had any discipline problems in the last year? (Suspensions, Saturday detentions, etc.) \_\_\_\_\_

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**List of Teachers**

**Please provide a list of your teachers, coaches, and any club sponsors as well as what class they teach, sport they coach, or club they sponsor. If any of these people are not STPSB employees, please list an email address.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Due March 20 before leaving the meeting**  
**NHS Silverbelles Tryout Schedule**

**Monday, March 25 – Wednesday, March 27, 4:30-6:30 in NHS Gym**

**CLINICS**

- You **MUST** be present every day of the clinic in order to tryout and you **CANNOT** be late!
- Roll will be taken every day
- Wear shorts, T-shirt, and jazz shoes
- Wear hair in ponytail
- No Jewelry
- Go home and practice with friends each night to improve for final cuts
- Bring a bottle of water and a snack
- Shortened contract, third quarter report card due

**Thursday, March 28: 4:30 until callbacks end in NHS Gym**

**TRYOUTS**

- You **MUST** wear solid colors – navy, white, or gray with jazz shoes. You cannot try out if your clothing has any writing or symbols on it. Nothing you wear can identify you as belonging to a dance team or school.
- Look your best – appearance counts!
- Eat a good breakfast and lunch today. Bring bottled water and a snack. You may be here a while and cannot leave or get food delivered during tryouts!
- Everyone must stay until all tryouts are completed in case there are callbacks
- After 9pm, go to Mrs. Jackson's website to see if you made the squad. If you see your number, **CONGRATULATIONS!** We will see you at practice Tuesday, April 16! Don't forget to bring your \$385 payment for camp! (checks made out to NHS)

**Northshore High School**  
**2018-2019 Silverbelles Shortened Contract**

1. **GOALS:** The goal of the Silverbelles is to promote school spirit and good sportsmanship. A well-trained group of dancers has a tremendous effect on the audience. Your job is to lead and entertain the crowd and to support our players' efforts during the game. You represent the school. Being a member of the Silverbelles is an honor. Each member must portray a favorable image.
2. **COMMITMENT:** Dance team activities continue throughout the year. Members are required to attend a variety of sports events, pep rallies, and competitions. Members are required to attend all practices, are expected to be aware of the calendar events, to arrange out-of-town family plans, and to arrange other activities so the practices and performances are not missed. Silverbelles come first!!!! It is very difficult to participate in other activities while on the Silverbelles. Each Silverbelle must have an annual LHSAA physical and must carry private or school insurance. Each dancer must provide the physical form and copy of insurance card to the sponsor the first week of practice.
3. **CONDUCT:** Each member is an example to the school and the community. Any incidents of smoking, drinking, fighting, using obscene language or gestures, extreme changes in appearance, open defiance of school authority, truancy, vandalism, etc will result in prompt removal from the team. **DRUG OR ALCOHOL CONSUMPTION IS ABSOLUTELY PROHIBITED AT ALL TIMES AND WILL RESULT IN REMOVAL FROM THE TEAM.** Other infractions such as tardies, being uncooperative, missing performances or practices, will result in disciplinary action taken by the sponsor and the school at their discretion. Recurring discipline problems will result in temporary or permanent suspension from the squad.
4. **PARENTS:** Parents play a very important role in Silverbelle activities. You are needed to make sure team members arrive to events on time, give audience support at performances, and aid the sponsor in maintaining dance team rules. On occasion, parents may be asked to help with chaperoning, transportation, and fundraising. Parents also need to understand that the dance team sponsor and school administration are the ultimate decision makers in any disciplinary action. Silverbelles is a commitment that is to be taken seriously. Please refrain from using Silverbelle participation as a form of family discipline.
5. **FINANCIAL OBLIGATIONS:** Each team member will be responsible for paying for specific items and things such as formal and practice uniforms, shoes, accessories, competition fees, etc. A payment of approximately \$385 is needed on Tuesday, April 16<sup>th</sup>. We have to pay for camp as soon as possible to avoid losing our spot. Uniform Payments are made on a payment portal that will be provided by Varsity. The estimated cost for Silverbelle Uniforms is approximately \$1200. More specific details will be given after tryouts.
6. **PRACTICES:** Practice sessions will be held on a regular basis approximately 3-4 days a week. This includes summers. **ALL MEMBERS WILL BE REQUIRED TO BE IN ATTENDANCE AT ALL PRACTICES.**
7. **SUMMER CAMP:** Summer camp is required. It is an expensive and important part of preparing for the year. It is an overnight camp. We will be staying on campus at SLU.
8. **GRADES:** Each dancer must have at least a 2.5 GPA with no more than 1 "F" on each semester report card. Report cards must be copied and given to the sponsor each grading period. Members will be benched if their nine weeks GPA is below a 2.5, and members will be dismissed from the team if their semester GPA is below a 2.5. The sponsor also reserves the right to send a member to APP tutoring to help them improve their grades.

9. **ACTIVITIES:** Other activities (dance or music lessons, doctors appointments, etc) should be arranged so that they do not interfere with our schedule.
10. **TRANSPORTATION:** All members must ride school-provided or approved transportation to and from performances. **STUDENTS MAY NOT DRIVE THEMSELVES TO AWAY GAMES, CAMPS AND PERFORMANCES.** On occasion, parents will be asked to assist with transportation. Adequate insurance documentation must be provided in order to transport other students.
11. **ATTENDANCE:** Silverbelles are required to be in attendance at school on the day of a performance in order to be eligible to participate. The students must be at school for at least half of the day in order to attend practice.
12. **COMPETITION:** Competing is a goal of the Silverbelles. All members will be asked to help with fundraising and attend any extra practices as needed.
13. **CUTS:** Each week on Wednesday, dancers will be asked to perform the dances for any upcoming performances (pep rallies, games, etc.). The coaches will watch and determine who will dance each week. If a dancer does not know the choreography, counts, formations, or cannot do the dance correctly, she will not be able to perform the dance for that week. She may be able to perform the pep rally dance but not the game dance or vice versa.
14. **DOCTORS' NOTES:** Dancers must be cleared for ALL physical activity by a doctor in order to dance during practice or performances; this includes but is not limited to running, jumping, dancing, squatting, If a dancer brings in a note from a doctor that says she cannot dance, run, etc., the dancer will not be allowed to dance at practice or performance until given a note clearing her from a doctor. If a dancer has a note from the doctor that says he or she cannot participate, the dancer is still required to attend practices and performances, wear specified uniforms, and follow all rules from practices and performances.

### **Silverbelle Code of Conduct:**

A system of merits/demerits will be used to insure fair and equal treatment of all members. Members will be informed in writing when cumulative demerits may result in dismissal from the team.

1. Demerits will be given for tardiness to practices or performances, leaving early, absences, etc.
2. Demerits will be given for uncooperative behavior and/or being out of uniform.
3. The consequences of earning too many demerits include benching and dismissal from the team.

**A more detailed description of the merit/demerit system will be provided to all 2019-2020 Silverbelles after tryouts.**

**Northshore High School  
2019-2020 Silverbelles Shortened Contract**

**Return this page by Monday, March 25 (Keep the contract for reference)**

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**Participants Full Name (print)**

I have read the Shortened Contract, and agree to abide by the Silverbelles Constitution as a member of the 2019-2020 Silverbelles Team. I am also aware of the consequences that will be given if I fail to abide by these rules.

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Signature of Participant

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Date

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**Parents Full Name (print)**

I have read the Shortened Contract, and agree to abide by the Silverbelles Constitution as a member of the 2019-2020 Silverbelles Parent. I am also aware of the consequences child may receive if I fail to abide by these rules.

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Signature of Parent or Guardian

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Date



**LHSAA MEDICAL HISTORY EVALUATION**

**IMPORTANT: This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.**

*Please Print*

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cell \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parent / Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Work \_\_\_\_\_  
 Phone: \_\_\_\_\_

**FAMILY MEDICAL HISTORY:** Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack/Disease	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sudden Death	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	_____	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	_____

**ATHLETE'S ORTHOPAEDIC HISTORY:** Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury / Concussion	_____	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury / Stinger	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Elbow L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arm / Wrist / Hand L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Back	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hip L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Thigh L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knee L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lower Leg L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Shin Splints	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ankle L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Foot L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Severe Muscle Strain	_____	<input type="checkbox"/>	<input type="checkbox"/>	Pinched Nerve	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest	_____	Previous Surgeries: _____							

**ATHLETE MEDICAL HISTORY:** Has the athlete had any of these conditions?

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur / Chest Pain / Tightness	<input type="checkbox"/>	<input type="checkbox"/>	Asthma / Prescribed Inhaler	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual irregularities: Last Cycle: _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath / Coughing	<input type="checkbox"/>	<input type="checkbox"/>	Rapid weight loss / gain
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Take supplements/vitamins
<input type="checkbox"/>	<input type="checkbox"/>	Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	Knocked out / Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Heat related problems
<input type="checkbox"/>	<input type="checkbox"/>	Single Testicle	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Recent Mononucleosi
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Enlarged Spleen
<input type="checkbox"/>	<input type="checkbox"/>	Dizzy / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia
<input type="checkbox"/>	<input type="checkbox"/>	Organ Loss (kidney, spleen, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Overnight in hospital
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed EPI PEN	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (Food, Drugs)
<input type="checkbox"/>	<input type="checkbox"/>	Medications _____						

List Dates for: Last Tetanus Shot: \_\_\_\_\_ Measles Immunization: \_\_\_\_\_ Meningitis Vaccine: \_\_\_\_\_

**PARENTS' WAIVER FORM**

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

- If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary.....**Yes No**
- I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately.....**Yes No**
- I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school.....**Yes No**
- By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s) .....**Yes No**

Date Signed by Parent \_\_\_\_\_ Signature of Parent \_\_\_\_\_ Typed or Printed Name of Parent \_\_\_\_\_

**II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)**

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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**GENERAL MEDICAL EXAM :**

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>

**OPTIONAL EXAMS:**

**VISION:**  
 L: \_\_\_\_\_ R: \_\_\_\_\_ Corrected: \_\_\_\_\_

**DENTAL:**  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

**ORTHOPAEDIC EXAM :**

	Norm	Abnl
<b>I. Spine / Neck</b>		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. Upper Extremity</b>		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

(if Needed)

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

Elbow  
Wrist  
Hand / Fingers

**III. Lower Extremity**

Hip    
Knee    
Ankle

From this limited screening I see no reason why this student cannot participate in athletics.

- Student is cleared
- Cleared after further evaluation and treatment for: \_\_\_\_
- Not cleared for: \_\_contact \_\_non-contact

\_\_\_\_\_  
Printed Name of MD, DO, APRN or PA

\_\_\_\_\_  
Signature of MD, DO, APRN or PA

\_\_\_\_\_  
Date of Medical Examination

**This physical expires one year on the last day of the month that it was signed and dated by the MD, DO, APRN or PA.**

Revised 5/13

Proof of Insurance

Subscriber's Full Name on Policy:

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Relationship to Child:

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Insurance Company:

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Policy Number:

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Member ID:

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Group Number:

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**Please include a copy of your child's insurance card.**

**Due Thursday, March 28**

## Silverbelle Judging Sheet

Candidate Number: \_\_\_\_\_

Judge's Number: \_\_\_\_\_

Category	Possible Points	Points Earned
<b>Technical Skills (50)</b>		
Leaps	<b>10</b>	
Leaps in Second	<b>10</b>	
Pirouettes-double ( <b>minus 5 points for single</b> )	<b>10</b>	
Calypso Jump	<b>10</b>	
Firebird Jump	<b>10</b>	
<b>Splits (10)</b>		
Right	<b>5</b>	
Left	<b>5</b>	
<b>Kick Routine (25)</b>		
Projection/Energy	<b>10</b>	
Technique	<b>15</b>	
<b>Pom Routine (25)</b>		
Projection/Energy	<b>10</b>	
Technique	<b>15</b>	
<b>Jazz Routine (25)</b>		
Projection/Energy	<b>10</b>	
Technique	<b>15</b>	
<b>Hip-Hop Routine (25)</b>		
Projection/Energy	<b>10</b>	
Technique/Style	<b>15</b>	
<b>Miscellaneous (40)</b>		
Memory	<b>10</b>	
Overall Appeal	<b>10</b>	
Teacher Evaluations	<b>20</b>	
<b>Total Points</b>	<b>200</b>	