

**Academy of Richmond County
Purple Pride Marching Band
Dance/Banner/Twirler Tryouts Information Sheet**

May 12, 2016

Audition sessions for dancers will be held on May 24th & 25th from 9 am – 3 pm. Please meet in the ARC Band Room on these dates. The attire for all sessions is plain white top, black legging and appropriate shoes. All candidates must attend all sessions. NO EXCUSES. Auditions will be held on May 25, 2016 during the last half of the day. A \$50.00 money order will be needed if the participant is selected for the line it will serve as a down payment on their uniform. Do not send the money order on the day of try outs.

Students who wish to tryout must complete and submit the following information to Mrs. Hawthorne by **May 24, 2016**. All information must be turned in as a package and placed in a folder with the students name on it. **Incomplete packages or packages received after the deadline will not be accepted.** If the student has already submitted a packet during the first set of tryouts they do not have to submit another packet.

- Tryout information Sheet (Must be signed by the student & parent)
- A photo (No larger than a 4x6)
- Student Information Sheet (attached photo to this sheet)
- Medical Form (Must be signed by Parent or Guardian)
- Copy of the nine week report card (most recent)

SHOULD YOUR CHILD MAKE THE TEAM please be aware that there will be a cost of \$500.00 for uniforms for shoes, gloves and all other needed items. If you are a returning dancer or selected for banner the cost will differ due to items that you will not have to purchase. A deposit of \$175.00 (which includes 50.00 money order from tryouts) **MUST** be paid **by May 31, 2016(no exceptions)** or the entire amount may be paid on that date. The next payment of \$175.00 will be due **by June 17, 2016** and the last payment of \$150.00 **by June 30, 2016**. These payment dates **MUST** be adhered to in order to placed orders for your child uniforms and other necessities for participation. **AGAIN, NO EXCEPTIONS!**

Only money orders or a certified check can be accepted (no personal checks) a receipt will be issued to you for all payments. Please note that once the orders are placed **no refunds** can be made.

MANDATORY PRACTICES are normally held Monday – Thursday from 3:15 p.m. – 6:30 p.m.

MANDATORY BAND CAMP Normally band camp is held for two weeks sometime during the month of July and the first week in August from 7:00 a.m. – 5:00 p.m. **(You will be notified of the exact date and times)**

I have read and understand all information listed above and will adhere to all requirements.

Student

Date

Parent/Legal Guardian

Date

STUDENT INFORMATION SHEET

Dance Line Banner Twirler All *Leadership

*(*only for returning members who make the line)*

NAME: _____ DOB: _____ AGE: _____

CELL NUMBER: _____ EMAIL ADDRESS: _____

GRADE: _____ HOMEROOM TEACHER: _____

ADDRESS: _____ HOME PHONE: _____

PARENT: _____ PHONE: _____ WORK PHONE: _____

PARENT EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: _____

(Attached Photo Here)

The Academy of Richmond County High School Band Medical Form

This medical form must be completed prior to student's participation in any activities on or off the campus of ARC High School and kept on file.

Student Name: First _____ Middle _____ Last _____

Student Address: Street: _____ City _____ State _____ Zip Code _____

Home Phone Number: _____ Age: _____ Date of Birth: _____ Social Security Number _____ - _____ - _____

Name of Parent or Guardian: _____ Parent Cell Number: _____

Business address: _____ Business phone number: _____

Does the student have medical insurance? **YES or NO**

Insurance Company: _____ Policy # _____

Health History: (check all that apply)

Allergies: (check all that apply)

Diabetes
 Orthopedic Problems
 Asthma
 Epilepsy
 Cardiac Problems
 Other (specify) _____

Aspirin
 Penicillin
 Sulfa
 Insect Stings
 Tetracycline
 Other (specify) _____

Family Physician: _____ Phone Number _____

Do the ARC Band Boosters have permission to administer to your child: ___ Aspirin ___ Tylenol

Has your child had a tetanus shot within the last six years? **YES or NO; If Yes Date:** _____

Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity or from participating in any band activities? If yes, please explain. _____

Does your child take any medication? If yes, please list the medications, dosages, and when the child must take the dosages?

I give permission to the ARC Band Boosters to administer the above named medications on a band field trip or during band activities.

I give my permission to the physician or hospital to administer proper treatment and/or medication, injections, anesthesia when necessary for the care of my child as named above.

Print Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____