

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

February 7th, 2019

MANDATORY Audition sessions for auxiliary lines will be held on February 21 - 28th from 3:00 pm - 6:45 pm. Please meet in the ARC Band Room on these dates. The attire for all sessions is plain white top, black leggings and appropriate shoes. ALL candidates must attend all sessions. NO EXCUSES. Depending on participation, auditions will be held on February 28th, 2019 at 3:30 p.m. in the ARC auditorium. A \$50.00 money order will be needed for the audition in the event that if the participant is selected for the line. This payment will serve as a down payment on their uniform. If the participant is not selected the money order will be returned back to the participant. There will be a \$3.00 admission for persons wishing to attend to watch the open audition. This audition will possibly be open to the public.

Students who wish to tryout must complete and submit the following information IN A FOLDER on the 1st day of tryouts **February 21, 2019 to gain entry!** 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.***

- 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)
- 4 teacher recommendation forms
- Medical Form (Must be signed by Parent or Guardian)
- Copy of the nine week report card

SHOULD YOUR CHILD MAKE THE TEAM please be aware that there will be a cost of roughly \$500.00 for uniforms, shoes, gloves and all other needed items. If you are a returning auxiliary member or selected for banner the cost may differ due to items that you may not have to purchase. A deposit of \$175.00 (which includes 50.00 money order from tryouts) **MUST** be paid **by April 02, 2019 (no exceptions)** or the entire amount may be paid on that date. The next payment of \$175.00 will be due **by May 01, 2019** and the last payment of \$150.00 **by June 03, 2019.** **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 2:40 p.m. - 6:30 p.m. To include study hall. (practices may be extended during high performance demands)

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. - 6:00 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 _____

Parent/Legal Guardian _____

Date: _____

STUDENT INFORMATION SHEET

(Please circle all that apply)

Dance Line

Flag Line

Banner

Twirler

***Leadership**

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

NAME: _____ DOB: _____ AGE: _____

CELL NUMBER: _____ EMAIL ADDRESS: _____

GRADE: _____ HOMEROOM TEACHER: _____

ADDRESS: _____ HOME PHONE: _____

Social Media: _____

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 xxx -xx- _____

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 _____

Academy of Richmond County
PPMB Auxiliary Audition
Teacher Recommendation Form

Applicant Name: _____

Teacher Name: _____

-Please Circle one of the following numbers for each category. 1 is the worst and 5 is the best-

Attitude:	1	2	3	4	5
-----------	---	---	---	---	---

Work Ethic:	1	2	3	4	5
-------------	---	---	---	---	---

Character:	1	2	3	4	5
------------	---	---	---	---	---

Discipline:	1	2	3	4	5
-------------	---	---	---	---	---

Integrity:	1	2	3	4	5
------------	---	---	---	---	---

Comments:

Teacher Signature: _____

Date: _____

****Please complete and place in a sealed envelope****

Academy of Richmond County
PPMB Auxiliary Audition
Teacher Recommendation Form

Applicant Name: _____

Teacher Name: _____

-Please Circle one of the following numbers for each category. 1 is the worst and 5 is the best-

Attitude: 1 2 3 4 5

Work Ethic: 1 2 3 4 5

Character: 1 2 3 4 5

Discipline: 1 2 3 4 5

Integrity: 1 2 3 4 5

Comments:

Teacher Signature: _____

Date: _____

****Please complete and place in a sealed envelope****

Academy of Richmond County
PPMB Auxiliary Audition
Teacher Recommendation Form

Applicant Name: _____

Teacher Name: _____

-Please Circle one of the following numbers for each category. 1 is the worst and 5 is the best-

Attitude: 1 2 3 4 5

Work Ethic: 1 2 3 4 5

Character: 1 2 3 4 5

Discipline: 1 2 3 4 5

Integrity: 1 2 3 4 5

Comments:

Teacher Signature: _____ Date: _____

****Please complete and place in a sealed envelope****

PPMB Auxiliary Audition
Teacher Recommendation Form

Applicant Name: _____

Teacher Name: _____

-Please Circle one of the following numbers for each category. 1 is the worst and 5 is the best-

Attitude: 1 2 3 4 5

Work Ethic: 1 2 3 4 5

Character: 1 2 3 4 5

Discipline: 1 2 3 4 5

Integrity: 1 2 3 4 5

Comments:

Teacher Signature: _____

Date: _____

****Please complete and place in a sealed envelope****

Academy of Richmond County

PPMB Auxiliary Audition
Teacher Recommendation Form

Applicant Name: _____

Teacher Name: _____

-Please Circle one of the following numbers for each category. 1 is the worst and 5 is the best-

Attitude: 1 2 3 4 5

Work Ethic: 1 2 3 4 5

Character: 1 2 3 4 5

Discipline: 1 2 3 4 5

Integrity: 1 2 3 4 5

Comments:

Teacher Signature: _____

Date: _____

****Please complete and place in a sealed envelope****

Academy of Richmond County
PPMB Auxiliary Audition
Teacher Recommendation Form

Applicant Name: _____

Teacher Name: _____

-Please Circle one of the following numbers for each category. 1 is the worst and 5 is the best-

Attitude: 1 2 3 4 5

Work Ethic: 1 2 3 4 5

Character: 1 2 3 4 5

Discipline: 1 2 3 4 5

Integrity: 1 2 3 4 5

Comments:

Teacher Signature: _____ Date: _____

****Please complete and place in a sealed envelope****

Academy of Richmond County
PPMB Auxiliary Audition
Teacher Recommendation Form

Applicant Name: _____

Teacher Name: _____

-Please Circle one of the following numbers for each category. 1 is the worst and 5 is the best-

Attitude: 1 2 3 4 5

Work Ethic: 1 2 3 4 5

Character: 1 2 3 4 5

Discipline: 1 2 3 4 5

Integrity: 1 2 3 4 5

Comments:

Teacher Signature: _____ Date: _____

****Please complete and place in a sealed envelope****

Academy of Richmond County

PPMB Auxiliary Audition
Teacher Recommendation Form

Applicant Name: _____

Teacher Name: _____

-Please Circle one of the following numbers for each category. 1 is the worst and 5 is the best-

Attitude: 1 2 3 4 5

Work Ethic: 1 2 3 4 5

Character: 1 2 3 4 5

Discipline: 1 2 3 4 5

Integrity: 1 2 3 4 5

Comments:

Teacher Signature: _____

Date: _____

****Please complete and place in a sealed envelope****