

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

March 1, 2017

Audition sessions for all positions will be held on March 27<sup>th</sup> – 30<sup>th</sup> from 3:00 pm – 6:30 pm. Please meet in the IB conference 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 March 30<sup>th</sup>, 2017 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.

Students who wish to tryout must complete and submit the following information to Mrs. Hawthorne by **March 24, 2017**. **All information must be turned in as a package and placed in a folder with the student's 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)
- Seven teacher recommendation forms (sealed in envelopes)
- Medical Form (Must be signed by Parent or Guardian)
- Copy of the most recent nine week report card

**SHOULD YOUR CHILD MAKE THE TEAM** please be aware that there will be a cost of \$500.00 for uniforms, 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 April 29, 2017 (no exceptions)** or the entire amount may be paid on that date. The next payment of \$175.00 will be due **by May 16, 2017** and the last payment of \$150.00 **by June 30, 2017**. **These payment dates MUST be adhered to in order to place 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 \_\_\_\_\_

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 \_\_\_\_\_

**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:

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Teacher Signature: \_\_\_\_\_

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

**\*\*Must be turned in by teacher in Mrs. Hawthorne's mail box.**

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**Comments:**

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