



Mason Middle School Dance Team 2018-2019

Tryout Information

April 27th and April 28th



Friday, April 27th, 2018
5:30pm-8:30pm
Mason Middle School Old Gym

5:30-6:00 Stretch/Warm Up
6:00-6:30 Across the Floor Technique
6:30-8:15 Learn Tryout Routines
(Jazz, Pom, Hip Hop)
8:15-8:30 Discuss Details about Tryouts

Saturday, April 28th, 2018
3:00pm-6:00pm
Mason Middle School Old Gym

3:00-6:00 Dancers will tryout in groups of 3. They will be given their timeslot on Friday. Dancers should arrive at their time, wearing all black, hair pulled back (out of face), and with appropriate shoes for jazz, pom, and hip hop.

Dancers will receive an email, on Saturday at 7:00pm, regarding their result

Sunday, April 29th, 2018
4:00pm-5:00pm
Mason Middle School Media Center

*If the dancer makes the team, there will be a mandatory **Meet the Team Meeting** for dancers and parents; **more details will be in the acceptance email (\$300.00 fee will be due at this time)*

At the tryout on Saturday, dancers will be required to showcase the routines they learn on Friday, along with a list of *individual skills*. Those skills include:

- Double and Triple Turn
- Toe Touch
- Leg Hold
- Right, Left and Center Leaps
- Turns in Second (not required)
- Hip Hop Skill of choice (not required)
- Acro skill of choice (not required)

Camp will be held at the MI 45 Gym on August 6, 7 and 8th from 2:00pm-6:00pm. Practices will be held on Tuesdays from 2:30pm-4:30pm in the MHS Dance Studio. We will perform at 7 MMS Basketball Games and 1 Varsity Basketball Game. We will compete at 1 competition.

If you have any questions, please email Head Coach, Lauren Wise, at
masonmsdance@gmail.com



Mason Middle School Dance Team 2018-2019



Dancer Information Sheet

Name: _____ School ID # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age: ____ Grade (Next Year): ____ Birthday: _____ Phone #: _____

Parent's Names: _____ Phone #: _____

Dancer School Email: _____

Dance NON-School Email: _____

Tank Top Size: _____ T-Shirt Size: _____ Sweatshirt (Hoodie) Size: _____

How long have you been dancing?

Do you dance for another team? If so, where?

What other extracurricular activities are you involved in?

Why do you want to be on the Mason Middle School Dance Team?

What are three characteristics that, you believe, make a good teammate? Why?

*Please bring this completed sheet, along with the completed EMF on
Friday, April 27th*

EMERGENCY MEDICAL AUTHORIZATION

Student Information:

Student Name: _____ Date of Birth: _____

Grade: _____ Teacher / Team: _____

Mother: _____ Phone (day/night): _____ Cell: _____

(Circle one)

Father: _____ Phone (day/night): _____ Cell: _____

(Circle one)

Is there a legal custody order that applies to this child? Yes or No

If yes, please submit a copy of the final custody/guardianship papers to the district registrar or the guidance department in your child's building.

Emergency Contacts (if parent/guardian cannot be reached):

Name: _____ Relationship: _____ Phone: _____ Cell: _____

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Name: _____ Relationship: _____ Phone: _____ Cell: _____

Emergency Care Information:

Preferred Physician: _____ Phone: _____ Fax: _____

Preferred Dentist: _____ Phone: _____ Fax: _____

Preferred Hospital: _____ Location: _____ Phone: _____

(Alternate hospital may be selected at the discretion of the responding Emergency Medical Services personnel)

Allergies and/or Specific Health Considerations: _____

(Health Alerts related to dietary concerns must be communicated directly to Mason City Schools Office of Child Nutrition by the parent or guardian.)

Medications taken by student on a daily or frequent basis: _____

PLEASE SIGN ONLY ONE OF THE FOLLOWING PARENT/GUARDIAN SIGNATURE LINES:

PART I – TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent/Guardian: _____ **Date:** _____

Address: _____

Student Signature (If 18 years or older) _____

PART II - REFUSAL TO CONSENT

(Complete only if action described above is refused)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian: _____ **Date:** _____

Address: _____

Student Signature (If 18 years or older) _____