



2023-2024
Blue Angels Drill Team
Tryout Packet

Candidate Name: _____

Blue Angels Drill Team Application

Please ***STAPLE*** and turn in all 6 pages of your completed application packet to LEHS front office, Dance Room (#5125), submitted digitally via email (mminer@leisd.ws) by **Friday, February 24th no later than 3:30 pm at LEHS**

**** Late packets will not be accepted.****

Student Name: _____

Student ID: _____

Current Home Campus: _____

Birthday: _____

Home Address: _____

City, State, Zip Code: _____

**TAPE Photo Here
(Recent close-up shot)**

Student Email Address: _____

Primary Guardian Full Name: _____

Primary Guardian Cell Number: _____

Primary Guardian Email Address: _____

Secondary Guardian Full Name: _____

Secondary Guardian Cell Number: _____

Secondary Guardian Email Address: _____

****When auditioning would you like to be considered for the Blue Angels Elite? _____****



Little Elm High School Blue Angels Drill Team Audition Signature Page 2023-2024

We, the parents/guardians of, _____, grant our permission for them to audition for the Little Elm High School Blue Angels Drill Team. We have read LEISD Guidelines, the Blue Angels Drill Team Constitution, and the Guidelines for District Extracurricular Activities and the Student Code of Conduct. We agree to abide by **all** rules and regulations set forth by these documents. We also understand and agree to the consequences for breaking these rules and regulations. Furthermore, we understand that if selected for the team, my student will be required to pay for their practice clothing, shoes, boots/hat, game day attire, etc. A reasonable estimate of these expenditures is \$675.00 (*excluding camps & workshops*). I further understand that this is an extra-curricular activity and that attendance at all practices, games, and special functions are requirements of team membership. Finally, we understand the audition process. We agree and understand that the decision of the judges is final.

Parent's Name: _____
(Please Print)

Parent's Signature: _____ Date: _____

I, _____, am choosing to audition for the Little Elm High School Blue Angels Drill Team. I have read **all** guidelines included in this packet and the Drill Team Constitution and agree to abide by **all** rules and regulations. I also understand and agree to the consequences for breaking these rules and regulations. If I am selected to the drill team, I understand that I am expected to uphold the standards set by the team/Director and by Little Elm I.S.D. ***beginning the day*** I make the team. Should I fail to meet these standards, I will be subject to disciplinary action. Finally, I understand the audition process. I agree and understand that the decision of the judges is final.

Student's Name: _____
(Please Print)

Student's Signature: _____ Date: _____

Medical Release Form: 2023-2024

Student's legal name: _____

I, _____, certify that my student is free of any health related concerns that might impede them from participating in the Little Elm High School Blue Angels Drill Team Tryouts and fulfilling the requirements of a Blue Angels Drill Team member. They are currently free of physician care and any physical concerns have been listed below.

I authorize **Mallory Miner-Selby (Director)** at Little Elm High School to contact directly the person named on this document, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the sake of the said child. In the event physicians or other persons named on this form, or parents cannot be contacted, the above named school official is hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the aforesaid school official or the Little Elm Independent School District financially responsible for emergency care and or transportation of the said child.

Signature of Parent or Legal Guardian

Date

Home Phone: () _____ Cell Phone: () _____ Work: () _____

Home Address: _____ City: _____ State: _____ Zip: _____

Participants Birth date: _____

Family Physician: _____ Physician's Number: () _____

List brief medical history and recurring health problems such as asthma, allergies, epilepsy, etc.:

List any physical concerns so that the Director may be aware of any injuries such as ACL, ankles, joints, etc. This information will only be used to monitor student progress during tryouts. It will **not** be used to gain judging points for the student during tryouts. _____

Indicate and medications or drugs to which the child is allergic: _____

List all regular medications the child is taking: _____

List one additional contact in the event you are not available should an emergency arise:

Name: _____ Phone: _____

You will not be able to participate in the tryout workshops and/or tryout unless you have a current physical form completed and turned in by February 24, 2023!!!

Little Elm ISD requires students to have an updated physical **each year**.



SPORTS: PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2020

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL **

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

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____, ____/_____) brachial blood pressure while sitting

Vision: R 20/____ L 20/____ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. *** Local district policy may require an annual physical exam.**

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

**** Signature:** _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.



Little Elm High School Blue Angels Drill Team Constitution Contract 2023-2024

I, _____ have read and understand the constitution of the Little Elm High School Blue Angels Drill Team organization. I promise to comply with the Rules & Regulations. I realize that failure to uphold this contract and adhere to the Constitution as well as the Rules & Regulations will result in disciplinary action.

Student/Member Signature

Date

I have read the Rules & Regulations and understand the contract set forth by the Little Elm High School Blue Angels Drill Team and will support my student, _____ in their efforts to uphold them.

Parent/Guardian Signature

Date



LITTLE ELM HIGH SCHOOL BLUE ANGELS DRILL TEAM

SCHOOL-SPONSORED TRIP TRAVEL FORM

Name of Events: Blue Angels Drill Team Activities for the 2023-2024 School Year

Destinations: Away Football Games, Performances, Competitions, & Field Trips

I desire that my Blue Angel be allowed to travel to and from the events listed above and to participate in these events.

Printed Name of Student: _____

Printed Name of Parent/Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____

Reminders:

- Please review the dates of camp and make sure you can meet these commitments.
- The following 6 forms/papers are due Friday, February 24th no later than 3:30 pm to Mrs. Miner-Selby or turned into the front office, paper clipped/stapled & in the following order:
 - Application
 - LEHS Blue Angels Drill Team Audition Signature Form
 - Medical Release Form
 - Current Physical Form
 - Constitution Contract Form
 - School-Sponsored Trips Permission Form

*****SET UP YOUR DOCTOR'S APPT. TO GET YOUR PHYSICAL ASAP SO YOU CAN GET THIS DONE AND NOT HAVE TO WORRY ABOUT IT LATER!!!!!!*****

You will not be able to participate in the tryout workshops unless you have a current physical form completed and turned in by February 24th!