



Jennifer Clark  
Principal

## Boy Jr. High School

59295 Rebel Drive  
Slidell, Louisiana 70461  
Phone (985) 643-3775  
Fax (985) 649-9470



Carolyn Duffaut  
Assistant Principal

I hereby give permission for my child, \_\_\_\_\_ to attend and participate in the athletic events as herein described.

Event: Dance Team tryouts  
Coach/Sponsor/Teacher: Nicole Admire  
Time/Date: 4:10-5:30 3/11 & 3/12 4:15 - finish 3/13  
Location: Boy Jr. High

Means of Transportation (Check one): ☐ Private Vehicle \*see note below  
☐ St. Tammany Parish School Bus/other (Please describe)

Before signing this form, please note that your signature will serve as a declaration that you have read, understood and agreed to the following:

- You must provide evidence of possession of insurance before a student will be allowed to tryout or participate in any athletic activity, dance team, or cheerleading squad.
- You must provide evidence of a current physical for your child: a current physical provided during the current school term (June - May 31). This must be done before a student will be allowed to tryout or participate in any athletic activity, dance team, or cheerleading squad.
- Your child must meet all athletic eligibility academic, and behavioral guidelines.
- You must have completed an emergency card to be filed with the sponsor/coach of the activity.
- You must secure your child within fifteen (15) minutes following the conclusion of the activity.
- I give permission for Boy Jr. High personnel and/or chaperones to seek/administer emergency medical aid for/to my child if they deem it necessary.
- I will not hold St. Tammany Parish School Board, Boy Jr. High, Boy Jr. High administrators and/or faculty and/or the representative thereof responsible in the event of any accident during any and all aspects of the athletic activity.

Note: Before signing this form, please be certain that all your questions or concerns are addressed; you may contact the school at 985-643-3775.

Note: No ten (10) passenger vans/vehicles may be used to transport student to school activities.

Note: According to school board policy, owner of private vehicles that are used for school activities are primary insurance carriers.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Administrative Use Only

Activity Approval: Jennifer Clark Date: 1-29-25

# SCHOOL WAIVER FORM EXTRACURRICULAR ACTIVITIES

The St. Tammany Parish School Board, its employees, agents and insurers have no liability, and accepts no liability for injuries or accidents occurring to students during their participation in interscholastic athletics or sports and related extracurricular teams or activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.

Student's Name \_\_\_\_\_ Sports/Activities All Sports Sex M F  
School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth / / /  
Parent's/Guardian's Name \_\_\_\_\_  
Father's/Guardian's SS# XXX-XX Mother's/Guardian's SS# XXX-XX  
Work Address \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_  
Home Address \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_  
Another Person to Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
Policy Number and/or Group Numbers \_\_\_\_\_  
ALLERGIES \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Student's Signature \_\_\_\_\_  
Date \_\_\_\_\_ (if over age 18)  
Date \_\_\_\_\_

**IMPORTANT NOTICE** - It is the policy of the St. Tammany Parish School Board that ALL athletes participating in our school sports programs **MUST HAVE EITHER MEDICAL OR ACCIDENT INSURANCE IN ORDER TO PARTICIPATE!** Please be sure to provide that information on this form. This information also becomes important in case of injury or illness and we are unable to immediately contact parents/guardians

# LHSAA MEDICAL HISTORY EVALUATION

Page 1 of 2

IMPORTANT: This form must be completed *annually*, kept on file with the school, and is subject to inspection by the Rules Compliance Team.

Please Print

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parent / Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

| Yes                      | No                       | Condition            | Whom  | Yes                      | No                       | Condition                | Whom  | Yes                      | No                       | Condition      | Whom  |
|--------------------------|--------------------------|----------------------|-------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|----------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Attack/Disease | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Sudden Death             | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Arthritis      | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Stroke               | _____ | <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure      | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Kidney Disease | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes             | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Sickle Cell Trait/Anemia | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy       | _____ |

## ATHLETE ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

| Yes                      | No                       | Condition                | Date  | Yes                      | No                       | Condition                | Date  | Yes                      | No                       | Condition      | Date  |
|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|----------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Head Injury / Concussion | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Neck Injury / Stinger    | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Shoulder L / R | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Elbow L / R              | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Arm / Wrist / Hand L / R | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Back           | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Hip L / R                | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Thigh L / R              | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Knee L / R     | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Lower Leg L / R          | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Chronic Shin Splints     | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Ankle L / R    | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Foot L / R               | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Severe Muscle Strain     | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Pinched Nerve  | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Chest                    | _____ | Previous Surgeries:      |                          | _____                    |       |                          |                          |                |       |

## ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

| Yes                      | No                       | Condition                             | Yes                      | No                       | Condition                      | Yes                      | No                       | Condition                                   |
|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|---------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Murmur / Chest Pain / Tightness | <input type="checkbox"/> | <input type="checkbox"/> | Asthma / Prescribed Inhaler    | <input type="checkbox"/> | <input type="checkbox"/> | Menstrual irregularities: Last Cycle: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizures                              | <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath / Coughing | <input type="checkbox"/> | <input type="checkbox"/> | Rapid weight loss / gain                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney Disease                        | <input type="checkbox"/> | <input type="checkbox"/> | Hernia                         | <input type="checkbox"/> | <input type="checkbox"/> | Take supplements/vitamins                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Irregular Heartbeat                   | <input type="checkbox"/> | <input type="checkbox"/> | Knocked out / Concussion       | <input type="checkbox"/> | <input type="checkbox"/> | Heat related problems                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Single Testicle                       | <input type="checkbox"/> | <input type="checkbox"/> | Heart Disease                  | <input type="checkbox"/> | <input type="checkbox"/> | Recent Mononucleosis                        |
| <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure                   | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes                       | <input type="checkbox"/> | <input type="checkbox"/> | Enlarged Spleen                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Dizzy / Fainting                      | <input type="checkbox"/> | <input type="checkbox"/> | Liver Disease                  | <input type="checkbox"/> | <input type="checkbox"/> | Sickle Cell Trait/Anemia                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Organ Loss (kidney, spleen, etc)      | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis                   | <input type="checkbox"/> | <input type="checkbox"/> | Overnight in hospital                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Surgery                               | <input type="checkbox"/> | <input type="checkbox"/> | Prescribed EPI PEN             | <input type="checkbox"/> | <input type="checkbox"/> | Allergies (Food, Drugs)                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Medications                           | _____                    |                          |                                |                          |                          |                                             |

List Dates for: Last Tetanus Shot: \_\_\_\_\_ Measles Immunization: \_\_\_\_\_ Meningitis Vaccine: \_\_\_\_\_

## PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

- If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary. Yes No
- I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately. Yes No
- I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school. Yes No
- By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its representative(s) or the associated medical personnel. Yes No

Date Signed by Parent \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Typed or Printed Name of Parent \_\_\_\_\_

Health Care Provider section on page 2

# LHSAA MEDICAL HISTORY EVALUATION

Page 2 of 2

IMPORTANT: This form must be completed *annually*, kept on file with the school, and is subject to inspection by the Rules Compliance Team.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport(s): \_\_\_\_\_

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

|              |              |                      |             |
|--------------|--------------|----------------------|-------------|
| Height _____ | Weight _____ | Blood Pressure _____ | Pulse _____ |
|--------------|--------------|----------------------|-------------|

## GENERAL MEDICAL EXAM :

|         | Norm                     | Abnl                     |
|---------|--------------------------|--------------------------|
| ENT     | <input type="checkbox"/> | <input type="checkbox"/> |
| Lungs   | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart   | <input type="checkbox"/> | <input type="checkbox"/> |
| Abdomen | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin    | <input type="checkbox"/> | <input type="checkbox"/> |

## ORTHOPAEDIC EXAM :

### I. Spine / Neck

|          | Norm                     | Abnl                     |
|----------|--------------------------|--------------------------|
| Cervical | <input type="checkbox"/> | <input type="checkbox"/> |
| Thoracic | <input type="checkbox"/> | <input type="checkbox"/> |
| Lumbar   | <input type="checkbox"/> | <input type="checkbox"/> |

### II. Upper Extremity

|                | Norm                     | Abnl                     |
|----------------|--------------------------|--------------------------|
| Shoulder       | <input type="checkbox"/> | <input type="checkbox"/> |
| Elbow          | <input type="checkbox"/> | <input type="checkbox"/> |
| Hand / Fingers | <input type="checkbox"/> | <input type="checkbox"/> |
| Wrist          | <input type="checkbox"/> | <input type="checkbox"/> |

### III. Lower Extremity

|       | Norm                     | Abn                      |
|-------|--------------------------|--------------------------|
| Knee  | <input type="checkbox"/> | <input type="checkbox"/> |
| Hip   | <input type="checkbox"/> | <input type="checkbox"/> |
| Ankle | <input type="checkbox"/> | <input type="checkbox"/> |

Health Care Provider notes (if needed): \_\_\_\_\_

[ ] Medically eligible for all sports without restriction

[ ] Medically eligible for certain sports \_\_\_\_\_

[ ] Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of \_\_\_\_\_

[ ] Not medically eligible pending further evaluation

[ ] Not medically eligible for any sports

This recommendation is from a limited screening.

Printed Name of MD, DO, APRN or PA \_\_\_\_\_

Signature of MD, DO, APRN or PA \_\_\_\_\_

Date of Medical Examination \_\_\_\_\_

Revised 5/23

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.

**ATHLETIC EMERGENCY SHEET**

STUDENT: \_\_\_\_\_ I.D.# \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

TELEPHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Who will assume temporary care and responsibility for your child in the event of emergency:

1. NAME \_\_\_\_\_ PHONE: \_\_\_\_\_
2. NAME \_\_\_\_\_ PHONE: \_\_\_\_\_
3. NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST ANY ALLERGIES OR MEDICAL CONDITIONS: .....

- 1.
- 2.
- 3.
- 4.
- 5.

**PROOF OF INSURANCE**

1. Company: \_\_\_\_\_
2. Policy/Company/Card Number: \_\_\_\_\_
3. Expiration Date: \_\_\_\_\_

To Whom It May Concern: I give permission for Boyet Junior High School personnel to seek/administer emergency medical aid for my child as they deem necessary.

\_\_\_\_\_  
Parent/Guardian Signature

### Cheer/Dance Team Tryout Permission Form

Your child has shown interest in participating in Cheer or Dance tryouts for Boyett Jr. High School. This tryout will take place under the guidance and supervision of employees and the administration of Boyett Jr. High School. Student participation in tryouts does not guarantee placement on the team.

If you would like your child to participate in this tryout, please read, complete, sign and return the following statement of understanding.

- Your child must meet all attached eligibility requirements prior to try outs.
- Your child must have a current physical on file prior to try outs.
- All tryout events are closed to the public. Parents/guardians will not be allowed to wait in or near the tryout event space.
- All tryout performances and/or other requirements will be judged and scored by independent judges not affiliated with the school, local competitive teams, dance schools, students or parents.
- Parents are responsible for the timely transportation of the child to and from all tryout events.
- The parent/guardian must attend the parent meeting scheduled prior to tryouts.
- All students trying out must be presently enrolled or zoned to attend Boyett Jr. High School. Residency will be verified and investigated if there is any reason to believe a student does not reside in that school district. If at any time, it is discovered that false information was submitted regarding residency, the student will be immediately removed from the team with no refund of any payments made.
  - If your child is on a current out-of-district waiver, it is not guaranteed that an out-of-district waiver will be approved for the next school year. If your child is on a current out-of-district waiver and wishes to try out for Cheer or Dance, contact the Child Welfare and Attendance office at least 7 days prior to tryouts.

This permission form is due by 2/27/25

Full Name of Student: \_\_\_\_\_

Parent's Full Name: \_\_\_\_\_

Student's Full Address: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

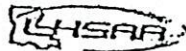
**Louisiana High School Athletic Association  
Parent and Student-Athlete Concussion Statement**

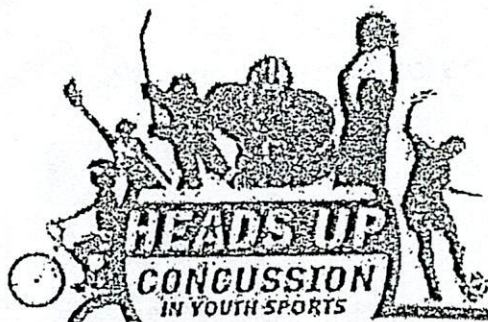
- ☐ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer and/or team physician.
- ☐ I have read and understand the Concussion Fact Sheet.

After reading the Concussion Fact Sheet, I am aware of the following information:

| Parent Initial | Student Initial |                                                                                                                                                             |
|----------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____          | _____           | A concussion is a brain injury, which I am responsible for reporting to my coach, athletic trainer, or team physician.                                      |
| _____          | _____           | A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.                     |
| _____          | _____           | You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.               |
| _____          | _____           | If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach, athletic trainer, or team physician.                       |
| _____          | _____           | I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.                  |
| _____          | _____           | Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve. |
| _____          | _____           | In rare cases, repeat concussions can cause permanent brain damage, and even death.                                                                         |

|                                          |               |
|------------------------------------------|---------------|
| _____<br>Signature of Student-Athlete    | _____<br>Date |
| _____<br>Printed name of Student-Athlete |               |
| _____<br>Signature of Parent/Guardian    | _____<br>Date |
| _____<br>Printed name of Parent/Guardian |               |





## A Fact Sheet for ATHLETES

### WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

### WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

### WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- Get a medical check up. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.

- Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

### HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:

- > The right equipment for the game, position, or activity
- > Worn correctly and fit well
- > Used every time you play

**It's better to miss one game than the whole season.**

What are the signs and symptoms of a concussion?

**SIGNS OBSERVED BY PARENTS,  
FRIENDS, TEACHERS OR COACHES**

- Appears sad or depressed
- Is confused about what to do
- Doesn't smile
- Is ill at ease at school
- Moves quietly
- Always gives poor effort
- Doesn't talk to people
- Shows a big loss of personality
- Has a bad attitude
- Can't recall event after a while

**SYMPTOMS REPORTED  
BY ATHLETE**

1. Fatigue

2. Nausea

3. Balance problems

4. Headaches

5. Double or blurry vision

6. Sensitivity to heat and light

7. Feeling sluggish

8. Feeling dizzy or woozy

9. Concentration/memory problems

10. Irritability

**What should I do if I think my child has had a concussion?**

If an athlete is suspected of having a concussion, he or she must be immediately removed from play, be it a game or practice. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. Parents and coaches are not expected to be able to "diagnose" a concussion, as that is the job of a medical professional. However, you must be aware of the signs and symptoms of a concussion and if you are suspicious, then your child must stop playing:

## When in doubt, sit them out!

All athletes who sustain a concussion need to be evaluated by a health care professional who is familiar with sports concussions. You should call your child's physician and explain what has happened and follow your physician's instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions he or she should be taken to the emergency department immediately.



## A Parent's Guide to Concussion in Sports

### What is a concussion?

- A concussion is a brain injury which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. An athlete does not have to lose consciousness ("knocked-out") to suffer a concussion.

### Concussion Facts

- It is estimated that over 140,000 high school athletes across the United States suffer a concussion each year. (Data from NFHS Injury Surveillance System)
  - Concussions occur most frequently in football, but girl's lacrosse, girl's soccer, boy's lacrosse, wrestling and girl's basketball follow closely behind. All athletes are at risk.
  - A concussion is a traumatic injury to the brain.
  - Concussion symptoms may last from a few days to several months.
  - Concussions can cause symptoms which interfere with school, work, and social life.
  - An athlete should not return to sports while still having symptoms from a concussion as they are at risk for prolonging symptoms and further injury.
  - A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.
- 
-

## BOYET REBELETTE TRYOUT INFORMATION

2025-2026

Dear Parent,

It's that time again! We are looking forward to meeting you and your child as we prepare to select our 2025-2026 Boyet Rebelettes. Please email me at [nicole.admire@stpsb.org](mailto:nicole.admire@stpsb.org) with any questions. Last year, expenses were approximately \$1700 for all uniforms, camps, dance coaching, choreography, and accessories for dancers. The payment for camp is approximately \$375 and will be due at the parent meeting/uniform fitting. Monies owed for uniforms will be paid directly to Varsity. There will be more information about payment methods at the New Team Meeting on Monday March 17 at 4:15. Uniforms used by the team are purchased through this company. Other monies will be collected throughout the year as needed. This information will be passed on to you prior to the event.

Our team will be working with dance instructor Alyssa Bennefield. She will provide dance technique, choreography, and general dance instruction for the team. Parents will be responsible for a monthly fee of \$23. This fee will be collected in two lump sums of \$138 each in May and July.

Dancing is a physically demanding team sport. If there is any reason, health or otherwise, why your child cannot run or participate in an aerobic activity, please list the reasons on the back and contact me before submitting this form. We do not want to jeopardize your child's health in any way. If you express no concerns, he or she will be required to participate in all activities.

The clinic days for tryouts are mandatory. Make sure your ride is on time. Not following these guidelines may cause you to be dropped from tryouts. Tryouts will begin promptly at 4:10 and last approximately 2 hours. Tryouts are closed to everyone except judges and school employees. The 2025-2026 Rebelette team list (by tryout number) will be posted in the cafe window by 8pm.

Included in the packet is a schedule of important dates, the physical form, and the official tryout form. All forms must be signed and returned to the Boyet or Little Oak office No later than noon on **February 27, 2025**. A copy of your child's report card must be turned in with your packet. Printouts from JPAMS are acceptable.

Good luck!

Nicole Admire & Alyssa Bennefield

## **IMPORTANT DATES FOR BJH DANCE TRYOUTS 2025- 2026**

**The following forms must be completed and turned in no later than Thursday, February 27 @ 12 PM or you may not try out.** An envelope will be left at Boyet and Little Oak for completed tryout packets and teacher/administration evaluations. The following items **MUST** turned in:

\*ALL Paperwork in the packet                      \* \$10 tryout fee (We pay outside judges.)

\*Physical                      \* A copy of your child's report card or JPAMS printout

**\*\*\*Please turn everything in together- Items will not be accepted separately.**

### **Clinic Days-Boyet Cafe**

**Tuesday March 11 - Wednesday March 12 from 4:10 PM – 5:30 PM**

-You **MUST** be present at every clinic day in order to try out and cannot be late.

-There will be a sign in sheet for each day.

-Tryout clinics are closed to all family and friends.

-Wear a t-shirt, shorts and tennis shoes or jazz shoes. Bring water! Hair should be up.

-Go home and practice with friends every night to improve for final cuts. Practice in front of a mirror.

### **Final Day of Tryouts**

**Thursday, March 13 @ 4:15 until released by sponsor**

You **MUST** wear a **solid white top and solid black bottom with tennis shoes or jazz shoes.**

You will **NOT** try out if clothing has any writing on it. Hair should be pulled back off of the face.

Look your best - appearance counts! Eat a good breakfast and lunch. **Bring bottled water and a snack. You may be here for a while and cannot leave for any reason.**

Tryouts will begin promptly at 4:15 PM in the BJH Cafe, and last approximately 2 hours.

**Everyone** **MUST** stay until all tryouts have finished, call backs may be necessary. The final lists will be posted in the cafe window after 8 PM. No Parents are to be on campus until the candidates are released.

Please keep this paper for your records.

## **New Dancer/Parent Meeting & Uniform Fitting**

**Monday, March 17<sup>th</sup> @ 4:15 PM in the BJH Library.**

This meeting is **mandatory**. At least one parent/guardian **MUST** attend with their dancer. Dancing Guidelines will be discussed at this meeting.

- \$375 camp payment and \$195 practice shirt/poms/HH shirt/choero fees are due MARCH 17<sup>TH</sup>.

- American All Star Camp - June 16-19 at Boyet

- Mandatory practice dates - June 11, 12 & 13

- Boyet home camp - July 29 - July 31.

**- Both camps and practices on June 12 & 13 are mandatory for each dancer making the team. There are no exceptions!**

- Spring/summer practices begin March 21 and will be held in the gym at BJH.

March 21 & 28 4:00 - 6:00

April 4, 11, & 25 4:00 - 6:00

May 2, 9, & 16 4:00 - 6:00 May 23 TBD

June 6 10:30 - 12:00

### **Mandatory practice June 11, 12, & 13 10:00-12:30**

We understand that some of you have scheduled events that may conflict with these practices.

Absences other than illness must be approved 2 weeks prior. If more than 2 absences occur for any reason, the parent will be responsible for scheduling and paying for private lessons to get the dancer caught up.

- Varsity uniform fitting will also take place on March 17<sup>th</sup> @ 4:15

Please keep this paper for your records.

## REBELETTES TRYOUT FORM March 11-13, 2025

My child, \_\_\_\_\_, has my permission to try out for the Rebelettes dance team. We understand, prior to tryouts, that if my child is selected we agree with and accept the following guidelines.

- (1) Provide a uniform and accessories to meet the requirements of the year at family expense.
- (2) Pay camp fees, private or otherwise
- (3) Pay the \$23 monthly fee to Alyssa Benefield.
- (4) Provide PUNCTUAL transportation for my child to attend all football games, home/in-city basketball games, practices, and activities.
- (5) Assist with activities such as sporting events, fundraisers, dances, marching in parades, etc.
- (6) Maintain a **2.0 GPA** with no failing grades.
- (7) Girls must behave in a manner worthy of a Rebelette at all times in and out of school. Any discipline involving ill treatment of another student will result in dismissal from the team.
- (8) Attend all practices and performances unless ill with a Doctor's note.
- (9) A copy of your child's report card must be turned in. One or more failing grades will prohibit a student from meeting eligibility requirements.
- (10) A current, up-to-date physical must be on file in accordance with St. Tammany Parish Guidelines and the Louisiana High School Athletic Association.
- (11) All students trying out must be presently enrolled or zoned to attend Boyet Jr. High School, based on your residence, for the upcoming school year. Any student attending Boyet Jr. High or Little Oak Middle School or zoned school on an out-of-district waiver must go through Child Welfare and Attendance to apply and be approved for an out-of-district waiver for the upcoming school year before you are eligible to try out. No exceptions.

We agree to abide by all guidelines and as stated in the Rebelettes Constitution. We, as indicated by our signature below, agree and accept as final the decision of the sponsor regarding any interpretation of dancing rules, policies, guidelines, or conflicts involving the student, the dancing organization, and/or sponsor. The guidelines are available for your review prior to tryouts upon request. If unable to fulfill the above obligations, I realize my child will be dismissed from the team and **no monies or fees paid to Boyet, Varsity, or Alyssa Benefield will be refunded.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Mandatory requirements upon making the team**

Upon making the team, camp fee of \$375 and practice shirts/poms/and choreography fee of approximately \$195 for a total of \$570 is due at the uniform fitting/parent meeting on March 17.

**INITIAL** \_\_\_\_\_

I understand that, if chosen, both dancers and parents will have to make sacrifices, dedicate their time, and uphold their commitment to the team. **INITIAL** \_\_\_\_\_

Attend the uniform fitting/parent meeting with a parent. **INITIAL** \_\_\_\_\_

Attend mandatory practices: June 5, 6, 12, & 13. **INITIAL** \_\_\_\_\_

Attend American All Star camp June 16 - 19. **INITIAL** \_\_\_\_\_

If more than 2 spring practices are missed, the dancer will require a private lesson at the parent's expense. **INITIAL** \_\_\_\_\_

Attend Boyet home camp July 29-31. **INITIAL** \_\_\_\_\_

Attend all mandatory competitions. **INITIAL** \_\_\_\_\_

By signing below, you have agreed to attend all mandatory events and understand that missing a mandatory event will result in immediate dismissal from the team unless otherwise discussed with the sponsor. Your signature indicates that you agree to adhere to the Boyet Rebelette Constitution, and all school rules, regulations and policies.

Parent printed name \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Student printed name \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign and return this paper with your packet.

# ADMINISTRATOR RECOMMENDATION FORM

## BOYET JUNIOR HIGH REBELETTES TRYOUTS

This form is to be completed by an administrator and returned in a sealed envelope (provided by the applicant) to your school's office. **Any evaluations not in a sealed envelope with the administrator's signature on the flap will not be accepted.** A sponsor will pick up all evaluation forms from Little Oak on **February 27,2025.**

Thank you for your cooperation,

Nicole Admire

Name of Candidate: \_\_\_\_\_

Has this student been sent to the office for any major infractions? \_\_\_\_\_

If so, please explain.

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Administrator's Signature \_\_\_\_\_

## TEACHER RECOMMENDATION FORM FOR BOYET JUNIOR HIGH REBELETTES

Teachers:

Thank you very much for taking the time to complete the form below. We know how busy everyone is, but this is an important tool in selecting student-athletes who will represent our school well. This form is to be completed by each student's Math and Language Arts teachers. A sponsor will pick up all evaluation forms from Little Oak on **Thursday February 27.**

Teacher evaluation forms will be averaged to count for a portion of each candidate's score. **Only those teachers who taught the candidate during the first semester will participate in the evaluation process.** Therefore, it is very important to give the student an honest rating based on your knowledge of that individual student. These students will become ambassadors of Boyet Junior High and should reflect a personality worthy of becoming a role model.

**Please complete this form and return it to the Front Office by February 26. \* Do not allow the student to handle the completed form.\*** Your name will be removed from the sheet once used to help rate the candidate. These evaluations will not be shared with the student. It is very important that you rate the student according to how **YOU** feel the student does in **YOUR** class. Please be realistic as well as fair. They will be confidential and tallied by the sponsor. Thank you for your cooperation,

Nicole Admire

Name of Candidate: \_\_\_\_\_

Did this student ever need to be disciplined by you? If so, what was the offense? \_\_\_\_\_

\_\_\_\_\_ On a scale 0  
(lowest) to 5 (highest), please rate the applicant in each area listed below:

\_\_\_\_\_ Attendance/Punctuality

\_\_\_\_\_ Respect of Authority

\_\_\_\_\_ Respect of Peers

\_\_\_\_\_ Ability to get along and work with others

\_\_\_\_\_ Effort and Quality of Work

\_\_\_\_\_ Responsible

\_\_\_\_\_ Attitude (especially when corrected or given constructive criticism/Morality/Ethics)

\_\_\_\_\_ TOTAL POINTS

Additional comments or concerns: \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Subject \_\_\_\_\_ BJH Teachers

- Please return this to Nicole Admire's box. LITTLE OAK Teachers - Please return this to the Front Office.

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