Dance Team Tryout Packet



Dear Parents/Guardian,

Your child has expressed an interest in becoming a member of the 3x National Champion, Hi-Stepper Dance Team. If she/he is selected, there are certain responsibilities and obligations that she/he must assume in order to qualify to try out for and remain a member of the dance team.

The attached pages contain the dance team tryout information. Any questions please email Kiley Voges <u>kileyvoges@gmail.com</u> or <u>kvoges@wearescpps.org</u>

Please note that the tryout permission form, the insurance information form, and the medical history/physical form must be completed and turned in *before* your child will be allowed to participate in any part of the tryout process. All students including middle school students and those transferring from other high schools must also turn in a copy of their last report card. Anyone auditioning should return all completed paperwork to the main office at HHS no later than (Monday, March 17th) at 3:30 p.m. All paper work should be in an envelope marked Hi-Stepper Audition Paperwork, Attn: Kiley Voges. If we have not received your child's paperwork by (Monday, March 17th), she/he will not be allowed to participate in tryouts and will be sent home.

Students in the past have received many beneficial experiences from dance team, and we hope that this experience will be enriching and worthwhile for your child.

Thank you,

Kiley Voges kileyvoges@gmail.com kvoges@wearescpps.org Hi-Stepper Coach

Please read the entire application packet. Both the candidate and the parent/guardian must sign the permission form and required forms. The forms must be completed in order for the candidate to try out.

IMPORTANT DATES

Please read carefully!

Attendance is MANDATORY FOR TWO IN PERSON DAY OF TRYOUTS unless otherwise cleared by the directors. If you are absent or tardy during the week of tryouts, you will not be allowed to audition for the team. NO EXCEPTIONS.

Monday, March 17th

All forms due in a sealed envelope with candidate's name. Please write attention Kiley Voges Hi-Stepper Audition Forms on envelope as well.

Deadline to turn in all forms is 3:30 p.m. in HHS main office.

Tuesday, March 18th

Audition Video e mailed to all who have submitted ALL required forms in packet.

Thursday, March 20th

Audition Clinic 3:30-5:30 in the Main Gym

We will stretch extensively and work on technique and required elements.

Review of audition routine

Demonstration of mock audition

Friday, March 21st

Auditions: Check in by 3:30 pm in the Main Gym. Auditions begin at 3:45. Once auditions are completed, those other than auditioning for an officer position will leave the premises.

Monday, March 24th, 2024 5:30

Parent/New Team Meeting \$400 deposit due at this time.

Uniform Fitting Monday, March 31st 3:30

UDA Dance Camp **MANDATORY**

Monday, June 16, 2025- Thursday, June 19, 2025

Hilton New Orleans Riverside

Hi-Stepper Kiddie Camp **MANDATORY**

Tuesday, May 27, 2025-Friday, May 30, 2025

REQUIRED PAPERWORK

- 1. All returning Hi-Steppers participants auditioning out must have obtained a "C" (2.0) average to tryout. Candidates must provide a copy of their most recent report card.
- 2. All forms must be completed, signed by a parent/guardian and turned into HHS front office by 3:30 p.m. *Monday, March 17, 2025.*
- 3. **All fees owed must be paid by the day of tryouts.** Students will not be allowed to try out if fees are not paid.

AUDITION PROCEDURES

Candidates will check in and receive a number. Candidates should warm up on own. Participants must be at school **no later than 3:30 p.m**. **Do not be late**. If you are not at school before tryouts begin, you will not be allowed to participate. Tryouts will begin **promptly at 3:45.**

DRESS CODE

Participants must wear black dance shorts, a solid black leotard, tan stockings and tan or black jazz shoes for tryouts. Participants must have <u>all</u> hair pulled back in a ponytail for tryouts. Anyone not in the complete and correct tryout uniform will not be allowed to tryout. Numbers will be given to each candidate. Numbers must be placed on the front of the leotard where it is visible. Failure to wear the proper number will result in disqualification.

NOTES

- 1. Tryouts will be held before a qualified panel of judges from an accredited association (ex. UDA, American All-Star) who are well qualified and have dance background/experience. Minority representation is required.
- 2. The criteria for selection of being a member of the Hi-Steppers Dance Team is determined by a provided skill set given prior to auditions and components of score sheet. (judges' scores).
- 3. The number of members on the team will be determined by the sponsors with approval by the principal/administrative designee according to the natural break of judges' scores at tryouts. The sponsor will decide if a callback is necessary based on numbers. If call backs are warranted, the candidates will only be scored on routine only. The callback score will replace the original score of routine on the score sheet. If the total score meets at the break or above, that candidate will be on the team.
- 4. When tryouts are <u>completed</u>, all participants will be dismissed. All participants *must* leave the school premises. The list of Hi-Steppers will be available via the school website on the Hahnville website no later than 10:00 p.m.

PRACTICE

1. The first practice for the full dance team will be on Monday, March 31st.

2.

3. **Mandatory** after school practices will continue for the remainder of the school year on Mondays, Wednesdays, and Thursdays.

Required Skills:

All candidates will be required to demonstrate the following in front of a panel of judges:

- 1. Chaîne/Pique turns
- 2. Triple Pirouettes-minimum
- 3. Second turns
- 4. Toe touches
- 5. Right and left splits
- 6. Right and left leg extensions
- 7. High Kicks
- 8. Jump and Leap Sequence-jetes, calypsos, second jump
- 9. Perform routine-will be learned by video and reviewed at clinic day before auditions

Candidates will be scored by judges on appearance, knowledge, projection, technique, confidence, and coordination.

Competition Requirements:

Additional Requirements for Competition:

Clean consistent triple and quad pirouette on releve'-no wobbling or hopping on rotation.

Turn sequence-Second turns with rotation of four corners

Attitude turns

Strongly recommended- Floater turns within second turns

Flexibility in leg extensions and leaps

Strong Jazz Technique

Strong Pom Technique

Strongly recommended-Aerial-being able to do them consistently (arms by side) one step into them and Front Aerials

Headsprings (regular and standing)

Kip Ups

High Kicks with an understanding of variations

Sample Dance Team Tryout Score Sheet

Candidate Number:	
SKILLS DEMONSTRATION:	
Splits/Extensions/Kicks	10
Triple Pirouettes	10
Turns Seconds	10
Leaps- Toe Touches/Jetes/Calypso	10
ROUTINE:	
Projection	
(personality, confidence, energy, attack of moves)	15
Technique	
(execution of movement, fluidity, steps, and skills, proper body placement)	30
Memory	15
(knowledge of routine)	
TOTAL:	
	100

APPROXIMATE EXPENSES

The following is a list of **approximate expenses** to be a member of the dance team.

SUMMER CAMP

1. UDA Summer Camp (MANDATORY) June 16-June 19, 2025	\$552
	1 4
NIFORM (Not all returning members need all of the following)	
Daytime Uniform (new members)	N/A
Warm Up Suit (monogrammed) (new members)	\$170
White Nancy Boots (new members)	\$75
White Crop Top Under Garment	\$25
Rain Jacket (new members)	\$20
Backpack (monogrammed) (new members)	\$55
Duffle Bag (monogrammed) (new members)	\$60
Garment Bags (monogrammed) (new members)	\$55
White tennis shoes all	\$100
Practice uniforms-crew neck pullover all/ 2 sports bras/ 3 shorts / 1 t-shirt all/ 3 tanks/ long black leggings all	\$250
Accessories-earrings, ribbons, gloves, and rhinestones	\$80
Senior Sashes and Banners	\$165

OTHER EXPENSES

OTHER EM ENGES	
Possible Team Technique/Ballet Classes	\$25.00
	monthly
Jazz shoes, stockings-Information on brand and where to purchase will be given out	
at parent meeting.	

Competition Fees-Includes State entry fees, choreography fees, costume fees, and	
music purchase and editing fees. Fundraisers and possible sponsorships will cover a	
large portion of these expenses.	

Criteria for Officers

- *Captain: must be a junior or senior, must have been a member of the team for two consecutive years prior to trying out for this position.
- *1st Co-Captain: must be a sophomore, junior or senior, must have been a member of the team for at least one year prior to trying out for this position.
- * 2nd Co-Captain: may be a sophomore, junior, or senior, must have been a member of the team for at least one year prior to trying out for this position.
- *Lieutenant(s): may be a sophomore, junior, or senior, must have been a member of the team for at least one year prior to trying out for this position

*Please note that all positions do not need to be filled.

 No officers may be involved in any other activity (including work) that will take precedence over dance team. Those interested in becoming an officer should consider the extra time commitment and responsibilities that accompany an officer position.

General Information

- Officer Tryouts will be closed. Scores will not be available for review.
- Officers may be determined by the following criteria:
 - Officer Essay and Interview
 - o Team Tryout Score
 - o Officer solo and choreography of a dance

Tryouts

- Candidates for officer will be required to write an essay during the week of dance team tryouts. The essay will include information on the candidates' goals and plans.
- Officer interviews will take place after team tryouts. This portion of the tryouts will be in front of a panel of judges and sponsors. Tryouts may consist of the following components:

- 1. The judges and sponsors will ask a series of dance related questions and will score the candidates on creativity, poise, communications, and knowledge using a rubric.
- 2. Candidate will perform solo.
- 3. Candidate will perform team routine.

REQUIRED FORMS CHECKLIST

The forms that follow must be SIGNED and returned no later than March 11, 2024 3:00 p.m. in the HHS main office.

Application for Tryouts	
Physical Form	
Medical Insurance Form	
St. Charles Parish Consent Form	
Report Card	

Please carefully read all material within this entire packet. By signing these forms, you are indicating that you have read and also agree to abide by all information contained within this document.

Dance Team Application/Permission Form for Tryouts

Name:			_
Current Grade Level (20	023-2024):	Current School:	
Current Class Schedule			
	CLASS/TEACHER	CLASS/TEACHER	
_ _ _			
Parent Contact Informa	etion:		
Contact Phone I	 Number:		
Email:	varioer:		
Liliali.			
Participation Release			
	an	n interested in being a Hi-Stepper. I unders	tand the risks
		es Parish Dance Team Handbook and the r	
		mise to cooperate and follow the instruction	
_		lected as member of the Hi-Stepper Dance	
sponsors ragice to partit	sipate in an regained detivities is set	colou us member or the m stepper sunce	
Student Signatu	ıre:	Date:/	/
Parent Agreement			
My child,	, has m	ny permission to try out to be a Hi-Stepper. I un	derstand that all
	•	or my child will not be allowed to tryout. I und	•
•		d tryout sessions, or my child will not be consid	
understand that my daughte	er/son will be evaluated by qualified ju	idges, and we agree to abide by the decision of	f the judges. I

understand that, if selected, he/she must abide by the rules and regulations set forth by the sponsors, the principal, and the St. Charles Parish Dance Team Handbook. I understand that my child must be present for all practices and performances. I have read the rules and regulations and understand that the violation of any of these rules may lead to temporary or permanent suspension from the team. I understand that all costs, as stated by the sponsor, are my responsibility and I must meet all payment deadlines set by the sponsor. I understand that there is a risk of injury. I understand this risk and will not hold the school or any of its personnel responsible in the case of accident or injury at any time. I agree to indemnify the school and its employees for any claim which may hereafter be presented by my child as a result of such injuries. In the event that I am unavailable for purposes of providing parental consent, I authorize the staff, hospital, or emergency care center affiliated with the school or school district to provide such hospital care that includes routine diagnostic procedures and medical treatment as necessary to my minor child. I understand that consent does not include major surgical procedures.

Date:

Parent/Guardian Signature:

MEDICAL INSU	JRANCE/EMERGENCY INFORMATION
MEDICAL INFORMATION	
Do you have a disability, allergy, care? Yes No	SPECIAL MEDICATION, OR OTHER MEDICAL CONDITION THAT YOU REQUIRE SPECIAL
IF YES PLEASE EXPLAIN BELOW.	
PROOF OF MEDICAL INSURA PLEASE	NCE Provide your Insurance Information Below
Insured's Name:	
Name of INSURANCE COMPAN	NY:
Policy Number:	
Street Address:	
CITY, STATE, ZIP:	
Telephone:	
IN CASE OF AN EMERGENCY	:
Name:	Name:

Relationship: Daytime Phone: Evening Phone: Cell Phone:	Relationship: Daytime Phone: Evening Phone: Cell Phone:	
Signature of Parent/Guardian:	DATE:	

A COPY OF YOUR INSURANCE CARD MUST BE SUBMITTED ALONG WITH THIS PAGE

PARENT OR GUARDIAN CONSENT FORM AND STUDENT-ATHLETE INSURANCE INFORMATION FORM

STU	DENT'S NAME:
SCH	OOL ATTENDING:
GRA	DE ENROLLED: SPORT(S) PARTICIPATING IN
	CONSENT
	The student whose name is listed above [] does [] does not have my permission to participate in the sport listed above. I understand that injuries in this sport may occur, and, by consenting to my child's participation therein, I agree to hold the St. Charles Parish School Board, its members, employees, agents, and/or assigns free and harmless from liability for any injuries suffered by my child during such participation. I also give my permission for team physicians to treat my child in the event of any injury requiring emergency treatment.
If con	asent to participate is granted, please check the appropriate box below:
	As parents of the student whose name is listed above, we acknowledge that we have enrolled our child in primary insurance coverage. We understand that we are responsible for maintaining this primary coverage on our child throughout any period of time in which your child is participating in any St. Charles Parish Public School spensored spens or sports related activity and that if I do not have primary coverage the insurance provided by the School Board is limited to \$25,000 and is for accidents only. We further understand and agree that St. Charles Parish Public Schools Excess Accidental Student Insurance policy may or may not cover incidental costs for our child while participating in a sport related activity on behalf of the St. Charles Parish Public Schools. We further understand and agree that the St. Charles Parish School Board, its members, employees, agents, and/or assigns shall not be responsible for payment of any such bills.
No stax comple	dent will be allowed to begin participation in organized athletic activities until this form has been seed by the parents at the attending school and signed in the presence of a school official.
Date	Parent's Signature