

HVMS DANCE TEAM TRY-OUTS 2018-2019

Location: Hardin Valley Elementary Gym

Clinic Date: May 21st and 22nd (Mandatory) 4:00-6:00 p.m.

Try Out Date: May 23rd @ 4:00 **Cost:** \$15.00 (non-refundable)

Mandatory Parent Meeting: HVES Library May 15th @ 4:00

ALL FORMS must be turned in to Coach McCleary no later than 2:45pm Friday May 18th.

TRY-OUT ATTIRE:

You must wear a White Shirt and Navy Soffe Shorts. Please wear appropriate shoes.

Clothing must not reflect any school/dance logo.

Hair must be pulled all the way up in a ponytail with a plain white bow. *NO JEWELRY

Try-Outs will consist of 1 dance routine that is taught at the clinic.

Your NUMBER and GROUP will be decided by a blind draw on May 22nd

CHECKLIST

- \$15.00 check or money order made out to Hardin Valley Middle (or pay online)
- Contact Information Form/Permission Slip
- Copy of Grades—Most recent progress report **MUST** have 2.0 GPA or higher
- Physical - Must be current- On or after April 15th 2018
- Medical Release Form
- Candidates Intent (**Make sure both signatures are on it.**)
- Letter of Understanding
- Social Media Form
- Payment Option Agreement
- Authorization for News Media & Authorization to Publish (2 forms)
- Knox County Insurance Coverage (attach a copy of your insurance card)
- Concussion Info-Parents

**Forms need to be dropped off at Hardin Valley Elementary Attention: Coach McCleary
(Karns Middle School students may turn in paperwork to Coach Auxier room 334).**

No Paperwork = No Try Out

If you have any questions email Coach McCleary at Heather.McCleary@knoxschools.org

HARDIN VALLEY MIDDLE DANCE HANDBOOK

2018-2019

****Due to the newness of the HVMS Dance Program, this document is living and can be added to or changed at the discretion of the coach and administration. If expectations are changed you will be notified.****



Hardin Valley Middle

Dance Handbook

Philosophy

The dance program at Hardin Valley Middle will provide its participants with many opportunities involving leadership, teamwork, spirit, and enthusiasm. The purpose of our program is to:

1. Promote and uphold school spirit and enthusiasm of spectators at athletic events in victory and defeat.
2. Develop a sense of good sportsmanship through competition.
3. Promote Hardin Valley Middle by being involved in the community.

Requirements to Try out:

1. A parent or guardian must attend the mandatory parent meeting before a student can try-out for dance. Students will not be able to participate in the workshop or try out if Coach McCleary has not met with his/her parents. **ALL PAPERWORK** must be turned in to Coach McCleary or to the HVES office by **May 18th-IN AN ENVELOPE**.
2. All dancers must maintain the Knox County academic requirement. Once on the team, all dancers must have passing grades in all classes at all times. Athletic study hall will be the first intervention, followed by removal from the team if grades are not improved. Each athlete must submit a copy of the most recent report card in order to try out (Fall report and most recent interim report card are required). If an athlete has a failing grade they will have 4.5 weeks to improve their grade. If the grade does not improve during that time the athlete may be removed from the team.
3. **KNOX COUNTY ELIGIBILITY STATES-ONLY THE FOLLOWING STUDENTS ARE ELIGIBLE TO TRY OUT:**
 - CURRENTLY ENROLLED HVMS students
 - KNOX COUNTY feeder Elementary Schools students that reside in the Hardin Valley Middle zone.
 - Approved Transfer Students already enrolled for Fall 2018.
4. Students must attend all workshops dates (May 21st and 22nd) in order to try out.
5. Students may participate in outside dance programs, however, they will NOT interfere with HVMS dance.
6. A current physical must be on file to try out and participate. This physical must state that your dancer is able to participate in the following areas without restriction: jumps, stunting, tumbling, strength training.
7. Students are ineligible to participate if he/she becomes 15 years of age on or before **August 1, 2018**.
8. If a candidate has been previously dismissed, quit or failed to fulfill **any obligations** of the HVMS Dance program they must wait one full year before they will be allowed to try out again.

Try outs:

1. Coach McCleary, will conduct the mandatory dance workshop May 21st and 22nd beginning promptly at 4:00pm in the gym and concluding at 6:00pm. Candidates are expected to be in the HVES gym, dressed and ready to go at 5:00pm, sharp. During the workshop, candidates will learn one dance routine.
2. Try outs will be held May 23rd beginning at 4:00 pm. Candidates will try out individually as well as in groups of three. Candidates will perform their newly learned dance routine.
3. Candidates will try out and be judged by a selection committee of three to five judges that meet Knox County requirements. **Try outs are closed. No spectators are allowed.**

Dance Constitution

I. The Role of a Dancer

- Represent the school to the highest degree
- Set an example of good behavior and sportsmanship at all times
- Provide leadership
- Promote unification of the crowd's involvement during the athletic events.
- Improve life skills in the area of: leadership, emotional maturity, self-confidence, moral and ethical values, decision making skills, cooperation, spirit of competition, character and self-discipline.
- Balance academic requirements and demands with extra-curricular and personal activities.

II. Standards of Behavior for Dancer

Dancers by title are **role-models**. Your coach hopes that you will embrace this role. Remember that there are people watching everything you say and do, because of this, dancers are expected to set high standards for their school and to set a good example for their fellow students.

- All dancers must maintain an attitude of enthusiasm and cooperation with team members and coach at all times. Working together may mean making personal sacrifices at times for the good of the team and doing so with enthusiasm.
- As a representative for Hardin Valley Middle, dancers are expected to uphold all school rules, handbook policies, and state laws while in or out of uniform. Any violation of these rules or conduct deemed improper and unsuitable for a dancer - no matter where the incident takes place - will result in consequences administered at the discretion of the coach and/or the athletic director.
- Bullying is a serious offense and Hardin Valley Middle has a ZERO TOLERANCE policy. If your dancer is suspected of bullying in any capacity he/she will be dismissed immediately. If any parent(s) of any dancer participates in any form of bullying/harassment they may be prohibited from attending any sporting event and may result in their child dismissal from the team.
- A student shall not intimidate, harass, or bully another student through words or actions. Such behavior includes: direct physical contact, such as hitting or shoving; verbal assaults, such as teasing or name-calling; and social isolation, cyber bullying (social media platforms/text) or manipulation
- Grades will be checked periodically at the coach's discretion. If any grade falls below a "C" the dancer will be asked to seek tutoring for extra help and may be removed from participation if grade does not improve.
- If any dancer receives an "F" they will be suspended for one game to try to bring the grade up to passing. If the grade is not brought up at the end of that time they will be suspended at the coach/athletic director's discretion. If the grade is not brought up at that point they may be dismissed.

III. Communication

- All team communication will be by texts/phone calls or emails.
- You will receive a monthly calendar.
- No social media will be used for team communication.

IV. Attendance Policy

- Dance is a time-consuming sport with practice and events. All dancers are expected to attend scheduled meetings, practices and events. **THREE UNEXCUSED ABSENCES equal dismissal from the team.**
- Dancers must be in attendance at school to be eligible to participate in practice or performances. **The only excused absences are below:**
 - Death in the family.
 - Medical illness (requires a note from the doctor stating the illness is contagious)
 - Other medical issue (i.e. sprained wrist-requires note from the doctor)
 - Academic Necessity-(Tutoring or school activity approved by coach 2 weeks prior to missed event.)
- All dancers will get the TSSAA sanctioned Dead Period off at the end of June and beginning of July. Please make every effort to schedule family vacations during this time.
- If you are out due to an injury (i.e. sprained wrist) you **MUST** present a Doctor's note releasing you before you will be allowed to return to practice, a game or competition. Dancers are still required to attend all practices, games or other scheduled events while injured.
- If you are out due to an injury and unable to perform ALL skills necessary for a dancer you will be rostered as an alternate for any competition. If the dancer is unable to fulfill his/her physical requirements for an extended period they may be dismissed from the team.
- Unexcused absences from school are not acceptable. You must be at school to participate in dance activities.
- If you are at school, you are expected to be at practice that day. Please schedule appointments during times that will not conflict with dance practices or events.
- Missing practices that are categorized as "excused" absences can still lead to being removed from a routine, position or stunt, due to not physically being available to practice. IF you miss a practice on a game week you will not dance.
- During game suspensions, the team member will sit in uniform with the coach for the entire game.
- If you are dressed out at any event you are expected to remain with your team/coach at ALL times. You will not sit in the student section, with your friends or parents.

VI. Safety

- Jewelry is not to be worn at any dance event or practice.
- Nails are to be kept at an appropriate length. Neutral Nail polish **ONLY**.
- Appropriate practice wear/uniform and shoes must be worn at all times.
- Hair must be in a ponytail or braid for all practices, games and appearances.
- Athletes will **NEVER** spot another athlete or tumble without supervision of the Coach or other AACCA certified staff member

VII. Cheer Season

Practices and Event Participation:

- While every effort will be made to schedule in advance, events may be scheduled and attendance required with short notice.
- Practices during the school year will be 2 days per week depending on time of year.
- **Arrive** at all practices on time, in **complete assigned practice attire**, with hair in a ponytail or braid.
- Team members are expected to participate in Homecoming/Spirit Days.
- Every Dancer will be expected to dance at all home basketball games including post-season.

Game Day Expectations:

- Team members are expected to dress as a team on game day. **This is not optional.**
- Report to coach 45 minutes before start of game.
- **Have complete uniform at all games. If you are missing pieces you will not dance.**
- **Hair and make-up must be game day ready upon arrival.**
 - **Game day ready =Hair all the way up, Tasteful Eyes and lipstick. **Subject to change****
- Remain in the dance area. You may take care of personal business before or after the game.
- Any conduct deemed unsportsmanlike is subject to disciplinary action at the Coach's discretion, up to and including dismissal from the team.
- DO NOT socialize during the game.
- Dancers are to remain with coach AT ALL TIMES unless you receive permission from Coach.
- No athlete has guaranteed preferential routine placement. All placements are given by the Coach.
- Dancers are expected to stand RESPECTFULLY, hand over your heart, completely silent during the playing/performing of the National Anthem. If you cannot do that you will be benched for that game. If it persists you will be dismissed from the team.

VIII. Uniforms

- Each dancer will be responsible for their uniform. Your uniform must be clean for every event.
- Each dancer is responsible for any lost, stolen or damaged items.
- Uniforms are to be worn for school activities only.
- Do not lend your uniform to anyone.

IX. Financial Responsibilities and **Payment Option Agreement** ***TURN THIS PAGE IN***

As a public-school group, no child should be unable to try out or participate due to the inability to afford the expenses that may come with being a member of a group or team. Therefore, please do not decide whether to allow your student to try out for the dance team based on these expenses. The payment schedule can be flexible when necessary and there are several fundraising opportunities.

100% PARTICIPATION IS REQUIRED for all Team Fundraising. Parents are highly encouraged to help with fundraising. Opportunities will be available to cover personal expenses as well. However, the dance account keeps all fundraising to pay for listed and miscellaneous expenses such as 8th grade night awards, transportation costs and other necessary expenses.

Any student who has been a dancer in the past and has not paid his/her dance financial obligations from the previous season may not participate in clinic or try out until these bills are paid in full. Non-Payment of financial obligations may result in dismissal or diploma being held.

ALL accounts must show a zero balance by October 31st, 2018 for the 2018-19 school year.

Most of the items we order/purchase are custom items and as such require a significant deposit before the order will be processed and must be paid in full prior to shipping the completed order. **Due to vendor's policies, effective immediately, items purchased will no longer be distributed to individual dancers until payment for that item is received in full.**

ESTIMATED Equipment Cost for Dancers necessary items are as follows:

- | | |
|----------------------|--|
| ○ Insurance | \$ 30.00 |
| ○ Summer Camp | \$400.00 |
| ○ Camp/Practice Wear | \$150.00 (includes shirts, bottoms, and bag) |
| ○ Accessory Pkg. | \$150.00 (includes poms, bows, and shoes) |
| ○ Uniform | \$150.00 |
| ○ Choreographer | \$ 50.00/month |

Print Dancer's Name: _____ Date: _____

Print Parent's Name: _____ Parent Signature: _____

Competition/Parade Cost

I understand that competitions, parades, and other events are an additional cost. If my student is selected as a dancer to represent Hardin Valley Middle and is selected to compete/participate there will be additional individual costs incurred with these competitions.

Print Dancer's Name: _____ Date: _____

Print Parent's Name: _____ Parent Signature: _____

POINTS TO REMEMBER

- ❖ Communication will be by texts/email/phone calls to the dancers.
- ❖ You will receive a calendar with scheduled events to date. You will be responsible for having your cheer notebook at practices and adding events to your calendar as they are added to our schedule.
- ❖ **Arrive** at all practices on time, in **complete practice attire**, with hair up.
- ❖ **Anything that belongs to you** (i.e. jacket, pants, bows, poms, water bottle, etc.) **MUST be packed away in your backpack, not strewn all over the practice area, sidelines, or bleachers. If you can't do that you will sit out until you learn to do so.**
- ❖ If an emergency arises your parents will need to contact Coach.
- ❖ **Cell phones are to be in your backpack or purse during any practice, game or appearance unless approved by Coach.**
- ❖ NO GUM
- ❖ NO JEWELRY
- ❖ **Arrive** at all Games on time, in **Complete Uniform with Hair and Makeup Game day ready.** *** (Game day=Hair Up, Bow, Eyes & RED Lips).
- ❖ **Attitudes must be positive and upbeat!**
- ❖ You must always be willing to work and cooperate at all times.
- ❖ **Negativity, Drama, Disrespect in any form, will not be tolerated.**
- ❖ Everyone must have a solid working knowledge of all dance routines.
- ❖ Individual execution of the dances must meet Coach's requirements and team performance level. No dancer will be permitted to perform at a game until you meet the required level of performance expectation. You will sit out in uniform with coach on the sidelines until required performance level is achieved.
- ❖ **Be an Active Listener and Accept Constructive Criticism**
- ❖ If a Dancer is going to miss a practice or be late, they must speak to the Coach directly. Not another dancer (texting the coach is fine but you must receive a response for the coach to show they have been notified).

CONTACT INFORMATION

Student:

Name _____ Nickname _____

Address _____

Email _____ Birthday _____

Cell # _____ Home # _____

Parent Information:

Mom _____

Dad _____

Address (if different from student)

Address (if different from student)

Mom Email _____

Dad Email _____

Mom Cell _____

Dad Cell _____

Mom Home# _____

Dad Home# _____

Emergency Contact:

Name _____

Relation to Student _____

Phone # _____

My Son/Daughter has my permission to tryout for the 2018-19 Hardin Valley Middle Dance team.

Parent Signature

Date

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain “Yes” answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain “yes” answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- ☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION

CLEARANCE FORM

This form is for summary use in lieu of the physical exam form and health history form and may be used when HIPAA concerns are present.

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

Other information _____

CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

*Entire Page Completed By Patient

Athlete Information

Last Name _____ First Name _____ MI _____

Sex: [] Male [] Female Grade _____ Age _____ DOB ____/____/____

Allergies _____

Medications _____

Insurance _____ Policy Number _____

Group Number _____ Insurance Phone Number _____

Emergency Contact Information

Home Address _____ (City) _____ (Zip) _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Another Person to Contact _____

Phone Number _____ Relationship _____

Legal/Parent Consent

I/We hereby give consent for (athlete's name) _____ to represent (name of school) _____ in athletics realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. ***On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school and TSSAA, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the student athlete named above during or resulting from participation in athletics.*** By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, ***I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.***

Signature of Athlete

Signature of Parent/Guardian

Date

■ PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS:

SUPPLEMENTAL HISTORY FORM

This document is only necessary when the individual has a documented special need.

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

KNOX COUNTY SCHOOLS

OPTIONAL MEDICAL RELEASE

This optional form may be used to record parental permission for medical and surgical treatment in case medical emergencies arise during a field trip.

We, the undersigned as the parents and legal guardians of

Print Student's Name

hereby grant to the Knox County Board of Education, its employees and agents the authority to seek medical care for our child. We further consent to any and all emergency medical and surgical treatments, including anesthesia and operations which may be deemed medically necessary by any qualified physician selected by agents or officials of the Knox County School Board. The intention thereof is to grant authority to administer and to perform all and singularly any emergency examinations, treatments, anesthetic, operations, and diagnostic procedures which may now or during the course of the patient's care, be deemed medically necessary by any qualified physician. Witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

STATE OF TENNESSEE, COUNTY OF _____

SUBSCRIBED and sworn to before me, a Notary Public, this _____ day of _____, 20 _____.

My commission expires _____

Notary

Medical Insurance Company _____ Policy # _____

☐ If not covered by medical insurance, please check box.

Student's Address _____ Phone _____

Date of Birth _____

Father _____ Home Phone _____

Business _____ Business Phone _____

Mother _____ Home Phone _____

Business _____ Business Phone _____

Family Physician's Name _____ Phone _____

Address _____ City _____ ST _____

Allergies or Special Conditions _____

NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/guardian.

Disposition

☐ Copy to the office Date _____

☐ Original is retained by teacher and taken on the field trip.

CANDIDATE'S INTENT

I _____ am trying out for for the 2018-19 dance team. If selected, I agree to each of the following:

I will **fulfill all responsibilities** of a dancer by working hard, being focused, disciplined, and having a positive attitude.

I will **meet the eligibility requirements of the TSSAA and HVM**

I will **attend all practice, games, events and appearances for which I am scheduled.**

I will **be on time for each practice and game, dressed in my complete, appropriate uniform.**

I will **keep the dance uniforms in good condition at all times**, returning them after the end of the season at the specified time.

I will **cooperate fully and respect my teammates and coach during the season.**

I will **attend all tumbling classes, summer camps, and dance clinics.**

I will **behave in a way that is appropriate for a dancer at HVM, both on and off campus, in or out of uniform including ALL SOCIAL MEDIA posts.**

I will **abide by all conditions listed in the HVM Field Trip Policy and Handbook**, and I am aware that camp/away games/competitions constitute a field trip.

I will **not let ANY extracurricular activity, including but not limited to a job interfere with my middle school dance responsibilities.**

I will **communicate fully with my parents, teachers, and my coach regarding school and dance activities.**

I will **listen to the coach and read all notifications either via email or text.**

I have read and understand the attached constitution. I will abide by all the requirements of a HVM Dancer.

Signature of Candidate: _____ Date: _____

Signature of Parent(s): _____ Date: _____

LETTER OF UNDERSTANDING

I, _____, parent of _____ hereby affirm that I have read and understand the Hardin Valley Middle Dance Constitution and handbook. I fully understand and accept the responsibilities, qualifications, and rules of the document. I understand that these By-Laws go into effect immediately upon the selection of my child as a Hardin Valley Middle Dancer. I agree that there is a cost of \$30.00 (approximately) for insurance and that this insurance will cover my child through the child's official dance activities this year. I further understand that the insurance coverage is of supplementary nature and that if there is other insurance coverage on my child, that coverage shall be of primary nature.

I understand that my child must have a physical examination on file in order to try out for dancer. This physical cannot be older than one year old. I realize and agree that is my responsibility to provide and/or arrange transportation to and from any dance activity for my child.

I also understand that Hardin Valley Middle or the coach is not responsible for the loss or damage to personal property of others or injury to other people caused by my son/daughter.

I understand that all the attached forms must be completed by May 18th, 2018 or my child will not be allowed to tryout. I understand my child must attend all tryout workshops or my child will not be considered for a dance position. I understand that qualified judges will evaluate my child and I agree to abide by the decision of the judges.

I understand the cost involved as stated in the rules. I understand by the nature of the activity, dance may carry a risk of physical injury. No matter how careful the dancer and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated; reduced, yes, but never eliminated. The risks of injury include minor injuries, such as broken bones, dislocations, and muscle pulls as well as catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck, or head. I understand that proper conditioning, training techniques, and warm-ups are necessary to avoid the possibility of injury. I understand these risks and I will not hold Hardin Valley Middle or any of its personnel responsible in the case of accident or injury at anytime.

I give Heather McCleary, dance coach at Hardin Valley Middle, permission to act in my stead of any medical or other emergency situation where I am not present. I grant permission for qualified personnel to administer immediate treatment in case of injury.

Known Allergies: _____

Known Medical Conditions: _____

Other necessary information: _____

Parent/Guardian Signature: _____

Phone: _____ Date: _____

In case of an emergency, contact Name: _____

Phone: _____

HARDIN VALLEY MIDDLE DANCER SOCIAL MEDIA POLICY

Hardin Valley Middle and Hardin Valley Middle Dance program object to postings on social media sites which are offensive or are in violation of state or federal law, program policies, or TSSAA rules. Athletes are considered representatives of the program and their participation in social media forums is subject to intense scrutiny. The conduct of athletes on these sites reflects upon the reputation of team and the program as a whole. In light of this, the program and its coaches have an interest in ensuring that the conduct of the athletes on social media sites is appropriate and permissible.

ANY POSTING ON A SOCIAL MEDIA SITE WHICH IS OFFENSIVE, IN VIOLATION OF STATE OR FEDERAL LAW, IN VIOLATION OF PROGRAM POLICIES, OR IN VIOLATION OF TSSAA RULES IS PROHIBITED AND WILL BE SUBJECT TO DISCIPLINARY ACTION AS OUTLINED BELOW.

1. All cheerleaders are required to notify the Coach(s) of any social media accounts they maintain. This information must be provided when trying out for the team at the beginning of each year and must be updated if accounts are **added or changed over the course of the year.**
2. All cheerleaders are provided Social Media Guidelines which outline appropriate uses of social media and those uses which may violate the Social Media Policy.
3. All cheerleaders will be required to connect (friend/follow) a general "spirit" account for HVMS Cheerleaders on all social media outlets. This account will be released to team members after tryouts.
4. There will be NO SECRET GROUP/TEAM Text or Social Media Account which excludes the Coach. If this occurs it WILL result in IMMEDIATE SUSPENSION/DISMISSAL.
5. In the event that an athlete's social media account is found to be in violation of the policy either through (a) a review of the athlete's social media page by a staff member or (b) a posting which is otherwise brought to the attention of the coach (for example, another team member, community member), the coaches/administrators reserve the right to impose further discipline which may include, but are not limited to, one or more of the following:
 - a. A parent & cheerleader conference with the coach and/or administrator to discuss the infraction which WILL result in suspension from ALL team activities. Length of time TBD. These would count as unexcused absences.
 - b. Immediate dismissal from the team.

***** The Coach reserves the right to determine ANY/ALL disciplinary actions necessary on a case by case basis. The student athlete and their parents agree to abide by all of the Coach's decisions and any disciplinary actions deemed necessary. *****

Athlete

Date

Parent

Date

Hardin Valley Middle Cheerleader Social Media Guidelines

Representing Hardin Valley Community, Hardin Valley Middle and the Hardin Valley Middle Dance program is an honor and a privilege provided to a select group of individuals. Along with that privilege comes a set of expectations and responsibilities as a Hardin Valley Middle Dancer. You are held to a higher standard and are recognized because you were chosen to represent this program and your sport.

Through social media, you are now being monitored by more individuals than ever before, including other students, opposing programs, community members, future college programs and employers. Everything you do in these forums should positively represent Hardin Valley Community, HVMS and the HVMS Dance program. Used responsibly, social media can be a great way to interact with friends and promote the program. Used irresponsibly, it can be a quick way to destroy your reputation in 140 characters or less!

This resource provides some tips and suggestions for using social media responsibly and effectively.

DO set your security settings so that only your friends can see your account.

DON'T accept friend or follow requests if you are not sure who they are coming from.

DO understand that who you have listed as **Followers or Friends is a reflection on you.**

DON'T put anything on social media that you would not want your family, your future employers, those reading the front page of the paper, or the whole world to see.

DO think before you Post, Tweet or Retweet or Favorite- Will this **positively** reinforce **who I am?**

DON'T post offensive language, personal attacks, or racial comments.

DON'T post when you are emotional, like right after a game, practice, or breaking up with your boyfriend. You are more likely to say something you will regret.

DO be familiar with the team's social media policy and the consequences for violating it.

DON'T Like or Re-Tweet any posting that has anything offensive/questionable in the name or posting.

DO ask questions if you are not sure what you are doing is ok.

DON'T post or tweet anything during a class.

DO NOT EVER post anything negative about HVMS. This includes, but is not limited to general comments, administration, student body, athletic teams and their opponents. **If you are unsure DO NOT POST.**

By signing below, you acknowledge that you have viewed the Hardin Valley Middle Dancers Social Media Policy and have received a copy of the Social Media Guidelines. You acknowledge that your social media activities reflect upon the reputation of the team, Hardin Valley Community, Hardin Valley Middle and the Hardin Valley Middle Dance program as a whole.

Athlete Signature

Date

Printed Name

Parent Signature

Date

Social Media Account Names

Facebook-	Yes/ No	_____
Twitter-	Yes/ No	_____
Instagram-	Yes/ No	_____
Finsta-	Yes/ No	_____
Snapchat-	Yes/ No	_____
Others	Yes/ No	_____
Others	Yes/ No	_____
Others	Yes/ No	_____

KNOX COUNTY SCHOOLS

AUTHORIZATION FOR NEWS MEDIA CONTACT

I hereby give KNOX COUNTY SCHOOLS full, unrestricted authorization to allow my

minor child, identified below, a student at _____,
(Print name of school)

to appear in still and motion pictures for publication and broadcast by the news media. I also give full and unrestricted authorization for my minor child to speak with members of the news media as may be deemed appropriate by representatives of Knox County Schools. I understand that in dealing with the news media, I have no right to inspect and approve final use of materials covered hereunder. I have read and understand this release, and certify that the information provided is true and accurate.

STUDENT:

(Print name of student)

PARENT AND LEGAL GUARDIAN:

(Print name of parent or legal guardian)

(Signature of parent or legal guardian)

DATE: _____

KNOX COUNTY SCHOOLS

RELEASE/AUTHORIZATION TO PUBLISH

I hereby give KNOX COUNTY SCHOOLS full, unrestricted rights to publish, distribute electronically and/or use any still or motion pictures, of me for use in editorial content, art, advertising, trade or any other lawful purpose. I understand my likeness may be used in advertising and/or promotions. I hereby release and hold harmless the above named, its successors, employees, agents, and assigns from any liability or claims of damage whatsoever in connection with said use of my likeness. I waive any right to inspect and approve final use of materials covered hereunder. I certify that I am 18 years of age, or if a minor, have included as signatory to this release my parent or legal guardian, whose name and signature appear below. I have read and understand this Release, and certify that the information provided is true and accurate.

BY: _____, A MINOR
(Signature of student)

PARENT AND LEGAL GUARDIAN:

(Print name of parent or legal guardian)

(Signature of parent or legal guardian)

DATE: _____

CONCUSSION

INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS

(Adapted from CDC “Heads Up Concussion in Youth Sports”)

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

Read and keep this page.
Sign and return the signature page.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious.

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider* says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

**Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training*

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. *They can even be fatal.*

Remember:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer or playing video games may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

** Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Signature of Student-Athlete

Date

Signature of Parent/Legal guardian

Date



Insurance Coverage Statement

- I understand that the athletic insurance carried by the school system is a secondary coverage policy meaning it pays only after the parents' primary coverage pays.
- I understand that the responsibility to file the proper forms for payment is the parent's responsibility.
- I understand that medical expenses **ARE MY RESPONSIBILITY** in connection with my child playing voluntary sports.
- I understand that I accept financial responsibility for any injury not covered by my hospitalization insurance or KCS sport accident insurance.

Parent/Legal Guardian Signature

Date