



Creekside Knights DANCE TEAM TRYOUTS! 2018-2019

Wednesday, April 25th, 5:30P – 6:15P
Mandatory Parent & Student Meeting, CHS Library

Wednesday, May 9th, 3:00P – 5:30P
Mandatory Clinic – CHS Cafeteria

Thursday, May 10th
Optional Help Session – Details TBA

Friday, May 11th, 4:00P – 6:15P
Tryouts – CHS Auditorium

Thank you for your interest in the Creekside Knights Dance Team (CKDT)! We are looking for energetic dancers who are dedicated to committing, practicing, and achieving in a team atmosphere. Eligible female students are incoming freshmen and current 9th-11th grade students at Creekside High School. CKDT performs at all home Varsity football games, select home Varsity basketball games, and various other events, summer through spring. CKDT also participates in several service projects throughout the school year and hosts an exciting youth dance camp in the summer. CKDT boasts a high average GPA and prides itself on upholding the Knights Code of Honor.

Preferred dance skills include jazz, (specifically turns & leaps), and hip hop technique. Dancers are expected to maintain dance skills in an off-campus facility/dance studio while CKDT is in-session.

Tryout Packet Checklist

- ☐ CHS Dance Team Applicant Information
- ☐ Parent and Applicant Tryout Agreement
- ☐ Teacher Evaluation (**Need 2 completed**)
- ☐ Copy of your 3rd nine weeks report card to verify required GPA (2.5)
- ☐ EL2 Pre-participation Physical Examination Form

There is a **\$25 tryout fee per dancer, payable in cash or check to CHS**. The payment may be enclosed in the tryout packet envelope or paid at the first day of tryouts.

TRYOUT PACKETS MUST BE TURNED IN, COMPLETE WITH PHYSICAL FORMS, FEE, AND TEACHER EVALUATIONS, by **Tuesday, May 8th**, to be considered for the dance team. Please return packets to the **front office** in a sealed envelope, labeled "Dance Team Tryouts - Coach Landen".

Coach Contact Information

Kellie Landen, Creekside Knights Dance Team Coach
Julington Creek Elementary 5th Grade Teacher

kellie.landens@stjohns.k12.fl.us

904.294.4408 cell

Tryout Events:

- Wednesday, April 25th, 5:30 p.m. – 6:15 p.m. Mandatory Parent/Student Meeting, CHS Media Center – At this important meeting we will discuss tryout procedures, details of the season commitment, and monetary expectations with Coach Landen
- Wednesday, May 9th, 3:00 p.m. – 5:30 p.m. CLINIC – CHS Cafeteria
Learn two dance combinations and required technical skills
- Thursday, May 10th, Optional Help Session, Location & Time TBA
- Friday, May 11th, 4:00 p.m. – 6:15 p.m. TRYOUTS – CHS Auditorium
- Monday, May 14th, **NEW 2018-19 Creekside Dance Team Announced!**

Team Tryout Dress Code

Clinic & Tryouts: red, white, or black sports bras, tanks, leotards, or other solid-color, fitted tops. Bottoms can be red, white, or black track or dance shorts. Dancers should plan to tryout in jazz shoes, preferably tan. Hair should be secure in a bun, ponytail, or other style off the shoulders.

Pre-Participation Physical Examination

A current physical is needed in order to participate in CKDT tryouts and/or become a member of the team. Creekside will host an Athletic Fair and Physical Event on Saturday, April 21st, 2018, where they will offer EL2 Physicals. The cost is \$10 for all athletes. Details of the Athletic Fair are attached to this packet. CVS, Walgreens, and other convenience clinics complete school physicals, as well.

Creekside Athletics forms are going paperless. All student athletes will register with the online paperless eligibility system, **RegisterMyAthlete**, once a part of the Creekside Athletic Department. If you are a current dance team member or athlete at CHS, you may log-in to RegisterMyAthlete to check the validity of your physical.

Scheduling Conflicts

Recommended tryout procedures would be attending the official dates in this packet. However, we do understand important scheduling conflicts can occur. If you have a conflict with the tryout dates listed, or, if you are a candidate from out of town, please contact Coach Landen for a video audition.

2018-2019 CKDT Applicant Information

***This application must be returned with the entire Tryout Packet, no later than Tuesday, May 8th!**



Name: _____ Birth Date: _____

Home Address: _____

City: _____ Zip Code: _____

Home Phone #: _____ Student Cell #: _____

Student Email: _____ Current Age: _____

Current Grade level (Check one):

8th Grade _____ Freshman _____ Sophomore _____ Junior _____

Parent/Guardian Name: _____

Parent/Guardian Cell #: _____

Parent/Guardian Email: _____

Emergency Contact/Relationship: _____

Emergency Contact #: _____

Dance Information

How many years have you danced? _____

Where have you danced? (check all that apply)

☐ Studio (Years of Participation): _____

☐ Dance Team (Years of Participation): _____

☐ Other: _____

In which styles of dance have you received instruction? _____



Parent and Applicant Tryout Agreement

_____, has permission to participate in the Creekside Knights Dance Team tryouts, and subsequently the CKDT program, if selected for the team. I understand that my child must have a current physical on file in order to participate at tryouts. I have read the packet materials and understand that all required forms must be signed and turned in on or before 5/8/2018, before my child can participate in the tryout process. I understand there will be time and financial commitments for which my child, and myself, will be obligated to the team. If selected as a team member, I understand the expectation that my child is to be present for all practices, games, and service projects. I understand that Creekside High School, St. Johns County School District, and/or Coach Kellie Landen will not be held responsible for any injuries that may occur during the tryout process.

Parent/Guardian Name (Please Print)

Dancer's Name (Please Print)

Parent/Guardian Signature

Dancer's Signature

Date

Date

Students: Please give this evaluation form to your teacher, along with an envelope, labeled with your name. The sealed evaluation envelopes need to be placed in your tryout packet envelope, and returned to the front office by **May 8th.*



Teacher Evaluation

Teachers, thank you for taking time from your busy schedules to briefly evaluate this Dance Team Applicant. This is a confidential evaluation. Please place this form in the envelope provided and return to the student.

Dance Team Applicant Name: _____

Teacher Name: _____

Please rate the student on a scale from 0–5 (5 being the highest), on the following elements:

1. Attendance/Punctuality	0	1	2	3	4	5
2. Respect of Authority	0	1	2	3	4	5
3. Respect of Peers	0	1	2	3	4	5
4. Effort/Quality of Work	0	1	2	3	4	5
5. Honesty and Integrity	0	1	2	3	4	5

Total Points = _____

Comments:

Teacher Signature: _____ **Date:** _____

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3. Respect of Peers	0	1	2	3	4	5
4. Effort/Quality of Work	0	1	2	3	4	5
5. Honesty and Integrity	0	1	2	3	4	5

Total Points = _____

Comments:

Teacher Signature: _____ **Date:** _____

CREEKSIDE ATHLETIC PHYSICALS

WHEN: APRIL 21 Cost: \$10

LAST NAME

TIME

A – I

1:00 PM

J – R

1:30 PM

S – Z

2:00 PM

BRING: EL2 PHYSICAL FORM - SIGNED BY PARENT

- AVAILABLE IN FRONT OFFICE & ATHLETICS WEB PAGE

CONTACT: RYAN BOYER, ATC, LAT - ryan.boyer@stjohns.k12.fl.us



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.
This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 1. Student Information (to be completed by student or parent)

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	_____	_____	26. Have you ever become ill from exercising in the heat?	_____	_____
2. Do you have an ongoing chronic illness?	_____	_____	27. Do you cough, wheeze or have trouble breathing during or after activity?	_____	_____
3. Have you ever been hospitalized overnight?	_____	_____	28. Do you have asthma?	_____	_____
4. Have you ever had surgery?	_____	_____	29. Do you have seasonal allergies that require medical treatment?	_____	_____
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	_____	_____
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	_____	_____	31. Have you had any problems with your eyes or vision?	_____	_____
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	_____	_____	32. Do you wear glasses, contacts or protective eyewear?	_____	_____
8. Have you ever had a rash or hives develop during or after exercise?	_____	_____	33. Have you ever had a sprain, strain or swelling after injury?	_____	_____
9. Have you ever passed out during or after exercise?	_____	_____	34. Have you broken or fractured any bones or dislocated any joints?	_____	_____
10. Have you ever been dizzy during or after exercise?	_____	_____	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	_____	_____
11. Have you ever had chest pain during or after exercise?	_____	_____	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	_____	_____	____ Head	____ Elbow	____ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	_____	_____	____ Neck	____ Forearm	____ Thigh
14. Have you had high blood pressure or high cholesterol?	_____	_____	____ Back	____ Wrist	____ Knee
15. Have you ever been told you have a heart murmur?	_____	_____	____ Chest	____ Hand	____ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____	____ Shoulder	____ Finger	____ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	_____	_____	____ Upper Arm	____ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____	36. Do you want to weigh more or less than you do now?	_____	_____
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	_____	_____	37. Do you lose weight regularly to meet weight requirements for your sport?	_____	_____
20. Have you ever had a head injury or concussion?	_____	_____	38. Do you feel stressed out?	_____	_____
21. Have you ever been knocked out, become unconscious or lost your memory?	_____	_____	39. Have you ever been diagnosed with sickle cell anemia?	_____	_____
22. Have you ever had a seizure?	_____	_____	40. Have you ever been diagnosed with having the sickle cell trait?	_____	_____
23. Do you have frequent or severe headaches?	_____	_____	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	_____	_____	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	_____	_____	Hepatitis B: _____ Chickenpox: _____		

FEMALES ONLY (optional)

42. When was your first menstrual period? _____
 43. When was your most recent menstrual period? _____
 44. How much time do you usually have from the start of one period to the start of another? _____
 45. How many periods have you had in the last year? _____
 46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.
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Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)

Temperature: _____ Hearing: right: P ____ F ____ left: P ____ F ____

Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal ____ Unequal ____

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
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MEDICAL

- | | | | |
|---------------------------|-------|-------|-------|
| 1. Appearance | _____ | _____ | _____ |
| 2. Eyes/Ears/Nose/Throat | _____ | _____ | _____ |
| 3. Lymph Nodes | _____ | _____ | _____ |
| 4. Heart | _____ | _____ | _____ |
| 5. Pulses | _____ | _____ | _____ |
| 6. Lungs | _____ | _____ | _____ |
| 7. Abdomen | _____ | _____ | _____ |
| 8. Genitalia (males only) | _____ | _____ | _____ |
| 9. Skin | _____ | _____ | _____ |

MUSCULOSKELETAL

- | | | | |
|-------------------|-------|-------|-------|
| 10. Neck | _____ | _____ | _____ |
| 11. Back | _____ | _____ | _____ |
| 12. Shoulder/Arm | _____ | _____ | _____ |
| 13. Elbow/Forearm | _____ | _____ | _____ |
| 14. Wrist/Hand | _____ | _____ | _____ |
| 15. Hip/Thigh | _____ | _____ | _____ |
| 16. Knee | _____ | _____ | _____ |
| 17. Leg/Ankle | _____ | _____ | _____ |
| 18. Foot | _____ | _____ | _____ |

* – station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation

____ Disability: _____ Diagnosis: _____

____ Precautions: _____

____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

____ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Preparticipation Physical Evaluation (Page 3 of 3)

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Student's Name: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation

____ Disability: _____ Diagnosis: _____

____ Precautions: _____

____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ____/____/____

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.