

**Katy Independent School District**

# **Dance Team**



**Handbook and Guidelines  
2020-2021**

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# Dance Team Program 2020-2021

The purpose of the dance team program is to promote school spirit and a positive school climate through performances and activities as deemed appropriate by the Dance Team director. The dance team members are expected to be positive role models.

This guidebook provides information that explains qualifications and responsibilities of senior high school dance team members. Additional guidelines, as noted in this document, are created and published by each campus.

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## Qualifications for Tryouts

Applicants and active members, earning a position must meet and maintain the “Qualifications” for tryouts for the remainder of school year. Failure to do so can result in immediate dismissal from the team.

- Applicants must be in grades 9, 10, or 11
- Be able to perform the essential functions of a dance team member (page 8 )
- Applicants must have 2.0 GPA, calculated using all six-week averages of current school year, prior to tryouts
- No placement in OSS or OAC
- May not have more than two Level II/Level III disciplinary infractions (or combination thereof)
- May not have committed any Level IV or Level V offenses during the present school year

1. **Physical Examinations** – Candidates must submit a “Preparticipation Physical Evaluation” signed by a physician in order to tryout. Preparticipation forms turned in during the current school year for other activities will fulfill this requirement.

2. **Forms** – All required forms are due by the date established by the campus. Required forms include but are not limited to: Preparticipation Physical Evaluation form, Extracurricular Travel and Consent to Emergency Treatment form etc.

## Selection Process

At least three qualified judges will evaluate and rank applicants. An administrator will be present at all team tryouts.

- The judges shall select dance team members based on the ranking of skills and showmanship
- Students moving to Katy ISD after the selection process may tryout before the dance team director if the student has a letter of recommendation from the student’s previous director
- Current members of the dance team should refer to their campus handbook for selection process criteria
- Officers are assigned at the discretion of the director

## Responsibilities of Dance Team Program

### 1. **Responsibilities of Students**

- Follow all rules and regulations outlined in the Discipline Management Plan, Student Code of Conduct, and Campus Constitution
- Cooperate with the director and administration in investigations involving disciplinary infractions

- Show respect toward individuals and property by conducting oneself in a responsible manner
- Serve as an appropriate role model for other students
- Maintain required standards of academic performance
- Arrive prepared and on time for all practices and performances

## 2. **Responsibilities of Parents**

- Stay informed regarding rules, regulations, and procedures
- Provide transportation, as needed, to ensure students arrive on time for practices and performances
- Pick up students on time after practice and events
- Attend parent orientation meetings, as appropriate
- Encourage student adherence to established rules, regulations, procedures, etc.
- Cooperate with school administrators and organization directors in establishing and maintaining a quality organization
- Parent/guardian is responsible for all financial responsibilities associated with required dance activities/membership

3. **Cost to Families** – Maximum required expenditures should not exceed \$900.00. Inquiries regarding financial responsibilities should be directed to the campus dance team director.

## **Discipline and Consequences**

All students are expected to adhere to the District’s Discipline Management Plan and Student Code of Conduct. Students who violate the District’s Management Plan and Student Code of Conduct will be assessed appropriate school disciplinary consequences for the infraction. Disciplinary infractions may also result in a student’s limited participation in extracurricular activities or dismissal from the team.

1. **Academic Requirements** – All students must adhere to the TEA/UII requirements with regard to participation, practices, and performances.

2. **Academic Dismissal** – A dance team member who receives three or more failing grades in any six week grading period or fails three or more classes in one semester, will be dismissed from the team. Advanced courses as designated by TEA and identified by Katy ISD are exempted from the “No Pass, No Play” policy, but students may still be subject to academic probation or dismissal at the campus level if academic progress toward graduation is in question.

3. **Discipline Requirements/Dismissal** – Dance team members who violate the District’s Management Plan and Student Code of Conduct will be assessed appropriate school disciplinary consequences for the infraction. Disciplinary infractions may also include limiting a student’s participation in extracurricular activities, probation, or dismissal from the team.

- Dance team members on probation will be required to attend all scheduled practices
- Dance team members who are arrested or receive a ticket involving alcohol, drugs, or a criminal act, shall be put on probation for six weeks or until the student's guilt or innocence is decided
  - a) During the probationary period, the student will be required to attend all practices, but will not be allowed to perform, or wear any type of uniform.
  - b) If after the six week probation student's guilt or innocence has not been established, the student will be back on the team until such time the case is adjudicated.
  - c) If after adjudication the student is found guilty, they will be dismissed from the team.
- A dance team member who pleads guilty or is convicted of a misdemeanor involving alcohol, drugs, a criminal act, or felony will be removed from the dance team for the remainder of the year
- Any dance team member who accepts deferred adjudication in a criminal proceeding shall be placed on probation until the end of the school year, or until a final judgment of guilty or not guilty is rendered, whichever occurs first

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# Katy Independent School District

## Student Position and Essential Functions

### Of Dance Team Member

#### General Purpose of Position

To promote school spirit and a positive school climate through performances and activities as deemed appropriate by the Dance Team director. The Dance Team members are expected to be positive role models.

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The following elements describe the essential functions\* necessary to perform the position of Dance Team member

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- A. Perform jumps, splits, leaps, rolls, and other physical moves that are part of dance team routines
- B. Perform stunts that may involve climbing, balance, agility, and upper body strength
- C. Exhibit rhythm and coordination in performing dance skills
- D. Demonstrate stamina in performing regular physical activities that involve physical endurance and Fitness
- E. Perform routines in both indoor and outdoor settings (i.e. grass, dirt, turf, concrete or asphalt)
- F. Arrive on time and prepared to participate in practices, drills, and or other team-related activities exhibiting proper and appropriate wear of dance team uniforms and/or practice apparel representing the dance team image in the most positive manner
- G. Develop and maintain a good working relationship with the dance team director(s) and fellow dance team members
- H. Review and adhere to established guidelines and by-laws
- I. Other duties as assigned

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\*Essential functions – The position of dance team member has a number of tasks, duties, responsibilities, and performance skills that are essential in accomplishing the purpose and objective of this position. Candidates should review the essential functions carefully to make certain that they can perform all of these consistently.

**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY**

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

Student's Name: (print) \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Grade \_\_\_\_\_ School \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

*In case of emergency, contact:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

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

**An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.**

**\*\*EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

**For School Use Only:**

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

**PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected:  Y  N Pupils:  Equal  Unequal

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

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

**MUSCULOSKELETAL**

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

**CLEARANCE**

Cleared  
 Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

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

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## Student and Parent Agreement To Dance Team Regulations and Guidelines

<b>PRINT</b>				
Student's Name	Last	First	Middle	Date
<p>This form must be signed and returned to the director by the announced date prior to Dance Team tryouts. In addition, the physical exam and medical information card must be completed prior to tryouts.</p>				
<b>STUDENT SECTION</b>				
<p>I have read and understand the Katy ISD Dance Team Guidelines and campus Dance Team constitution, by-laws, and handbook information. My signature below signifies that I have read and agree to abide by all published guidelines and that I am not presently on deferred adjudication or probation for any law violation that will continue past the date of the scheduled tryouts. I understand that willfully falsifying any personal information in the application/participation process will result in my immediate dismissal from the tryout process or from the Dance Team, if selected.</p>				
<p>I agree to abide by these regulations if I am selected to the Dance Team.</p>				
Date _____	Student Signature _____			
<b>PARENT/GUARDIAN SECTION</b>				
<p>I have read and understand the Katy ISD Dance Team Guidelines and campus Dance Team constitution, by-laws, and handbook information. I give my child permission to participate in Dance Team tryouts. I have discussed the requirements, responsibilities, and rules with my child.</p>				
<p>I agree to support and uphold these Dance Team regulations and meet all required financial responsibilities if my daughter is selected as a member of the Dance Team.</p>				
Date _____	Parent/Guardian Signature _____			

Reviewed Oct 2019