

Dance Team Program 2011-2012

Purpose

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 brochure 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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The contents of this handbook are not contractual, and do not give rise to a claim of breach of contract against Katy Independent School District. Furthermore, the contents of this handbook apply to all students of the district, as the contents now appear in the handbook or may be amended in the future.

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Dance Team Guidelines

Required Qualifications to Tryout

- Applicants must be in grades 9, 10, or 11 as specified by individual high schools during the year of tryouts.
- Applicants must maintain an overall 2.0 GPA during the year of tryouts calculated by using all previous six-week' averages in all courses for the current school year as of the last grade reporting period prior to tryouts.
- Applicants must not have any U's in conduct during the year of tryouts.
- Applicants must not have committed more than two Level II or Level III disciplinary infractions (or a combination thereof) **OR** more than one infraction leading to a short term (three days or less) ISS placement **OR** any infraction for which an OSS or OAC placement was served during the present school year.
- Applicants must not have committed any Level IV or Level V offenses. The various levels of disciplinary infractions are listed in the Katy ISD Board-approved Discipline Management Plan and Student Code of Conduct.
- Applicants must be able to perform the essential functions of the position (see pg. 6).
- Some campuses require enrollment in the Dance Team training class to be eligible for Dance Team tryouts. Students should see the Dance Team director to find out if it is required for tryouts on their campus. This class is highly recommended.
- Applicants earning a position on the Dance Team for the next school year must continue to meet the above stated "Required Qualifications to Tryout" criteria for the remainder of their present school year. Failure to do so will result in immediate forfeiture of their position on the team.

Physical Examinations

Prior to tryouts and the selection process, Dance Team candidates shall be required to take a physical exam* (Medical History and Physical Examination Form) and to produce a doctor's statement with the application indicating that the student is capable of performing all of the essential functions specified for a Dance Team member. Applicants shall be provided with a list of essential functions to be performed by individuals selected. These essential functions are the duties, responsibilities, etc. for which no special accommodations can be made. Applicants who do not believe that they can fulfill the essential functions of the position should not tryout.

*The requirements for physical examinations went into effect January 1, 1996.

NOTE: Separate rules for move-ins, desiring to participate on the Dance Team, have been established in the campus by-laws.

Documents

Students must submit specified documents by the published due date in order to be a dance team candidate. Documents include, but are not limited to:

- **Statement and Signatures – Parent/student acknowledgement to uphold dance team obligations/requirements** (p. 9)
- **Personal Student Information for Dance Team** (p. 10)
- **Proof of insurance or insurance waiver – photocopy of card/or statement of waiver – attach to Personal Student Information for Dance Team** (p. 10)
- **Preparticipation Physical Evaluation – Medical History (UIL)** (p. 11)
- **Preparticipation Physical Evaluation – Physical Examination (UIL)** (p. 12)
- **Parent Authorization to Consent to Treatment of Student** form (p. 13)
- **Katy ISD Insurance Waiver** (p. 14)
- **Trip Authorization Form** (p. 15)
- **Student and Parent Agreement to Dance Team Regulations and Guidelines** (p.17)

Selection Process

- At least three judges, two of whom are not employees of Katy ISD, shall be obtained to evaluate and rank applicants.
- The judges shall select Dance Team members based upon the ranking of skills and showmanship.
- There shall be no set number of members and up to four percent (4%) of the total student population may be selected as members of the Dance Team.
- 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 her previous director.
- Current members of the Dance Team should refer to their campus handbook for process clarification.
- Officers shall be selected by the director or at the discretion of the director.

Responsibilities of Dance Team Program

Responsibilities of Administrators

- Review extracurricular contracts, constitutions, by-laws, and/or guidelines on an annual basis.
- Provide training for campus personnel on the Board-approved Discipline Management Plan and Student Code of Conduct on which all disciplinary decisions will be based.
- Ensure fair and consistent enforcement of the higher standards of student conduct outlined for students in extracurricular activities.
- Establish a cooperative relationship between parents, students, and school personnel involved with Dance Team organizations.
- Serve as an appropriate role model for students, in accordance with the standards of the teaching profession.

- Make certain that the student code of conduct for Dance Teams contains rules and consequences that are clear to the reader.

Responsibilities of Directors

- Establish clear written guidelines and rules.
- Provide students with written expectations and potential consequences for violation of the organization's/District's rules and/or regulations.
- Ensure fair and consistent enforcement of rules and regulations.
- Prepare and distribute a schedule of practices and events to students and their parents at the beginning of each semester.
- Give advanced notice of schedule changes to allow students and parents sufficient time to make necessary arrangements.
- Adhere to published practice schedules, beginning and ending on time.
- Serve as an appropriate role model for students, in accordance with the standards of the teaching profession.
- Establish a cooperative relationship between parents, students, and school personnel by writing and implementing extracurricular contracts, guidelines, etc.

Responsibilities of Students

- Sign and adhere to all rules and regulations outlined in the Discipline Management Plan and Student Code of Conduct.
- Sign and adhere to appropriate extracurricular contracts, rules, regulations, and established higher standards of behavior.
- Cooperate with the director and administration in investigations involving disciplinary infractions.
- Seek changes in the organization's rules/procedures in an orderly and responsible manner, through appropriate channels.
- Exhibit an attitude of respect toward individuals and property by conducting oneself in a responsible manner.
- Exhibit proper and appropriate wear of Dance Team uniform and/or practice apparel to represent the Dance Team image in the most positive view.
- 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.
- Must have completed a district Drug Testing form.

Responsibilities of Parents

- Stay informed of the rules, regulations, and procedures that are applicable to the extracurricular organization.
- Provide transportation, as needed, to ensure that the student arrives on time for practices and performances.
- Pick up students on time after practice and events.
- Attend parent orientation meetings, as appropriate.
- Cooperate with school administrators and organization directors in establishing and maintaining a quality organization.
- Submit any concerns, ideas for improvement, and/or guidelines/procedural changes, as appropriate, to the campus Dance Team Director.
- Execute proposed changes or challenges to organizational rules/procedures in an orderly and responsible manner through appropriate channels.

- Encourage student adherence to established rules, regulations, procedures, etc.
- Parent/guardian is responsible for meeting all financial responsibilities associated with required dance team activities.

Cost to Families

Maximum required expenditures should not exceed \$750.00. Inquiries regarding financial responsibilities should be directed to the campus Dance Team Director.

Please note: it is the responsibility of the parent/guardian to meet/satisfy all financial requirements associated with dance team activities/membership.

Discipline and Consequences

Code of Conduct for Students

- All students are expected to adhere to the District's Discipline Management Plan and Student Code of Conduct. However, higher standards of conduct are expected of students representing the District in extracurricular activities that are considered a privilege. Students may be asked to sign a written contract agreeing to adhere to a higher standard of conduct as outlined by each individual group.
- Students who violate the District's Discipline Management Plan and Student Code of Conduct will be assessed appropriate disciplinary consequences for the infraction. Disciplinary infractions may also result in a student's dismissal from the team or limited participation in an extracurricular activity, if the disciplinary action or level of offense violates the higher standards of conduct specified by the student's extracurricular contract.
- A dance team member who is found to have been untruthful during a disciplinary investigation will receive a more stringent disciplinary sanction than would normally be imposed. This consequence might involve a longer probationary period or dismissal from the team.
- Any student member of an extracurricular organization or campus club (e.g. band/dance team/cheerleader/athlete/student council, etc.) representing themselves, or their organization, in an unfavorable, questionable or illegal manner through electronic media (i.e. websites, personal home pages, blogs, text messages, chat rooms or similar websites/files accessible through a server or internet) or using electronic communication devices in such a way as to bring discredit, dishonor, or disgrace on their organization or members of any other school organization including themselves (i.e. camera phones, digital photos, electronic descriptions) will be subject to the disciplinary actions determined by appropriate school officials and/or organization sponsors/directors/coaches, including probation or dismissal from the organization.

Discipline Requirements/Dismissal

- A Dance Team member, who receives an “N” in conduct in a class, will receive a written warning from the director. A member who receives a second “N” in conduct for the same class or for another class will receive three weeks probation. During the period of probation the Dance Team member will be required to attend all scheduled practices but will not be in uniform or participate in any of the activities associated with the extracurricular group. The Dance Team member will sit with the group as directed by the director. A third “N” in conduct in any class will result in immediate dismissal from the team. If a Dance Team member receives a “U” in conduct in any class, immediate dismissal from the team will follow.

- A Dance Team member who commits a disciplinary infraction at Level II that leads to in-school or out-of-school suspension or placement in a disciplinary alternative education program will be removed from the team. A student who is assigned an ISS, OSS, or OAC placement in a disciplinary alternative education program for a Level II disciplinary infraction will be allowed to tryout for a position for the next school year **PROVIDED** the student does not commit or has not committed a second Level II (or above) offense during the same school year. If a second Level II (or above) offense is committed during the same school year by the same student, the student will not be allowed to tryout for a position for the next year.
- A Dance Team member who commits a Level III infraction in the District's Board-approved Discipline Management Plan and Student Code of Conduct that leads to in-school or out-of-school suspension or placement in a disciplinary alternative education program will be dismissed from the team. Dismissal from the team for a Level III (or above) infraction may prohibit the member from trying out for a position on the Dance Team for the next school year. The ability to participate in or attend school-sponsored or school-related events in the role of a high school student only will be dependent upon the kind of discipline sanction imposed as specified in the Board-approved Discipline Management Plan and Student Code of Conduct.
- A Dance Team member, who commits a Level IV infraction in the District's Board-approved Discipline Management Plan and Student Code of Conduct, will be removed from the team. This individual will also be prohibited from being on campus or from attending or participating in any school-directed or school-related activities during the assignment to an alternative education program.
- A Dance Team member, who commits a Level V infraction in the District's Board-approved Discipline Management Plan and Student Code of Conduct, will be expelled from school and dismissed from the team for the remainder of the school year. This individual will also be prohibited from being on campus or from attending or participating in any school-directed or school-related activities during the expulsion.
- A Dance Team member, who is found to have been untruthful during a disciplinary investigation, will receive a more stringent disciplinary sanction than would normally be imposed. This consequence might involve a longer probationary period or dismissal from the team.
- A Dance Team member who receives a ticket involving alcohol or drugs or a criminal act, shall be put on probation for six weeks, or until the student's guilt or innocence is decided. During the probationary period, the student will be required to attend all practices and performances, but will not be allowed to perform nor wear any type of uniform. Students on probation will practice with the team and will attend Dance Team events in street clothes and sit in a seat designated by the director. Students on probation may not attend any overnight trips. If after the six-week probation the student's guilt or innocence has still not been decided, the student will be back on the team until such time that innocence or guilt is decided. If found guilty, the student will be dismissed from the team.
- Any Dance Team member who pleads guilty or is convicted of a misdemeanor involving alcohol or drugs or a criminal act or felony shall be removed from the Dance Team for the remainder of the school year. Any Dance Team member, who accepts deferred adjudication in lieu of a finding of guilt or innocence in a criminal proceeding, shall be placed on probation until the end of the school year or until a judgment of not guilty is rendered, whichever occurs first.

Academic Requirements - Probation

- A Dance Team member must maintain a 2.0 GPA for each six weeks. A GPA of less than 2.0 will result in the student being placed on academic probation until the student's GPA is 2.0.
- A Dance Team member who receives a grade on the report card lower than the equivalent of a 70 on a scale of 100 in any class will be placed on probation for at least three weeks. The probation begins seven calendar days after the end of the grading period and will not be removed until the student's grade in each class is equal to or greater than an equivalent of 70 on a scale of 100 on the progress report (three-week evaluation) or subsequent report card. (Exception: Identified "Advanced Courses" approved by the School Board and the Texas Education Agency are exempted from the "No Pass, No Play" policy and therefore a grade lower than a "70" in these classes is exempt from this probationary period.)
- A Dance Team member on academic probation as identified above may practice or rehearse with the team, but may not participate in a competition or other public performance during the period of probation and may not appear in uniform.

Academic Requirements - Dismissal

- A Dance Team member who receives three or more failing grades, under 70 in any class for a six-weeks' grading period, or a combination thereof, in one semester will be immediately dismissed from the team. This requirement includes all classes including those identified as "Advanced Courses". Repeated failures indicate that the student needs more time to prepare for each of his/her academic classes therefore requiring more time commitment to studies. It is the expectation that all students progress toward graduation. Please note that any vacancies will not be filled for the remainder of the school year.

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.

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

- 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, asphalt).
- F. Arrive on time and prepared to participate in practices, drills, or other team-related activities exhibiting proper and appropriate wear of Dance Team uniform 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.

*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 objectives of this position. Candidates should review the essential functions carefully to make certain that they can perform all of these consistently.

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Statement and Signatures

School Year: 2011-2012

I have read and understand all parts of the Dance Team information. I understand that all activities of this organization will be referred to on the UIL Preparticipation Physical Evaluation – Medical History form as “athletic” activities.

As a Katy Independent School District student and member of the Dance Team, I will abide by all stated policies, guidelines, and rules of this organization and Katy ISD.

My signature below signifies that I have read all parts of the information and will abide by such.

Student Name (Print): _____

Student Signature: _____

Date: _____

My signature below signifies that I have read all parts of the information and will abide by such.

Parent or Guardian Name (Print): _____

Parent or Guardian Signature: _____

Date: _____

- I give my permission for the Dance Team Director(s) to allow my child to take the medications, which I have personally provided to the Director(s), as needed for physical conditions requiring attention after regular school hours. I understand that all medications must remain in their original container/ packaging, must be labeled with my child’s name, and may not be shared with any other person. (NOTE: student is not to have possession of the medication at any time prior to its delivery to the Director.)

- I do not give my permission for my child to take any medications, other than those administered by a licensed health care professional.

(Personal and health insurance information on reverse side)

Personal Student Information for Dance Team

Student's Information		
<i>Please Print</i>		
Student's Name – Last:	First:	MI:
Street Address:	City:	Zip:
Subdivision (if applicable):		
Birth Date (month/date/year):	Age:	Grade:
Home Phone: ()		
E-mail address:		

Father's Information		
<i>Please Print</i>		
Father's Name – Last:	First:	MI:
Street Address (if different):	City:	Zip:
Father Employed By:		
Father's Home Phone: ()	Work Phone: ()	
Father's Cell Phone: ()		
E-mail address:		

Mother's Information		
<i>Please Print</i>		
Mother's Name – Last:	First:	MI:
Street Address (if different):	City:	Zip:
Mother Employed By:		
Mother's Home Phone: ()	Work Phone: ()	
Mother's Cell Phone: ()		
E-mail address:		

Insurance Information		
<i>Please Print</i>		
Insured Name – Last:	First:	MI:
Insurance Company:		
Group #:	Certificate/Policy#:	
Insurance Company Address:		
Insurance Company Phone: ()		
City:	State:	Zip:
Insurance Type: <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare		

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
 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 athletic participation and again prior to first and third years of high school athletic 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*
MEDICAL			
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			
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 games/matches.

Parent Authorization to Consent to Treatment of Student

Name of Student: (Last)	(First)	(Middle)	Date of Birth (mm/dd/yyyy)	Grade Level
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As the parent(s)/guardian(s) of the above-named student, a minor, I/we do hereby authorize a Katy Independent School District staff member(s), to act as my/our agent(s), to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon, in the exercise of his/her best judgment, may deem advisable.

I/We hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to the agent(s) upon completion of treatment.

It is understood that I/we must assume legal responsibility for any expenses incurred for medical treatment which may not be covered by my/our personal insurance, Medicaid, or Medicare.

Name of Father/Guardian: (Last)	(First)	(Middle)
Father's Home Phone	Father's Work Phone	Father's Cell Phone
Name of Mother/Guardian: (Last)	(First)	(Middle)
Mother's Home Phone	Mother's Work Phone	Mother's Cell Phone

I/We have read and understand the extent of this authorization and that it shall remain effective until the end of the current school year, from August 1, 20__ through July 31, 20__.

Signature of Parent/Guardian:	Date
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STATE OF TEXAS
COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purpose and considerations therein expressed.

GIVEN under my hand and seal of office on this the _____ day of _____, 20__.

(Affix Notary Seal)

Notary Public, State of Texas

Printed Name of Notary Public

Insurance Information

Name of Insured Policyholder: Last	First	Middle
Billing Address of Policyholder: Street	City	State Zip
Insurance Company		
Group No.:	Certificate or Policy No.:	
Type of Insurance Plan <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other: _____		

Katy ISD Waiver

I, the undersigned, being the individual, parent, or legally authorized guardian of

_____,
Agree to hold the Katy Independent School District, its Board of Trustees, Administration, and/or Faculty, harmless from all liability for any injuries which my child may receive while participating in any activities associated with Dance Team or utilizing the Katy Independent School District facilities. I herewith authorize the Director, supervisor and/or district employee to secure medical services for any family member if necessary, and I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs.

Signature or parent or legal guardian _____ **Date** _____

Emergency Information

Father's place of employment: _____ **Phone:**

Father's Cell:

Mother's place of employment: _____ **Phone:**

Mother's Cell:

Family physician: _____ **Office Phone:**

Name and phone number of relative who can be contacted if parent or guardian cannot

Be reached: Name: _____

Phone: _____

Insurance Company: _____ **Phone:** _____ **Policy #:** _____

Katy Independent School District
**Parent/Guardian Authorization for Regular Extracurricular
 Travel**

Student's Last Name	First Name	Middle Name	Grade Level
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Extracurricular Activity	School Year
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As the parent/guardian of the above-named student (or adult student), I grant permission for my child (or me) to travel and participate in all regularly/routinely scheduled activities of the designated extracurricular group for the current school year. I understand that all students are required to ride to and from all school-sponsored activities in District-provided transportation according to Board Policy FMG. An exception may be granted for a student to be released to the custody of his/her parent at the completion of the activity if a written request is received and approved prior to the trip. It is understood that a separate permission slip will need to be completed for any additional activities requiring travel in order for my child to participate.

It is understood that neither the Katy Independent School District, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to the above-named student as a result of any aspect of his/her participation on these trips.

I acknowledge that in case of an emergency, illness, or accident for which a parent cannot be reached, an attempt will be made to reach one of the emergency contact people listed below. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment, for the health of my child. I will be responsible for any cost in the event my child must be transported by ambulance and receive medical care.

Insurance Information

Insurance Company	
Policy Number	Group Number
Insured's Name	

Medical Information

Please note: My child has the following allergies/medical conditions and/or is currently taking the following medications:

PLEASE PRINT

Emergency Contact Information

Emergency Contact		Relationship
Home Phone	Work Phone	Cell Phone
Emergency Contact		Relationship
Home Phone	Work Phone	Cell Phone
Emergency Contact		Relationship
Home Phone	Work Phone	Cell Phone

Authorization

Parent's/Guardian's (or Adult Student's) Printed Name		Parent's /Guardian's (or Adult Student's) Signature	Date
Father's/Guardian's Home Phone	Father's/Guardian's Work Phone	Father's/Guardian's Cell Phone	
Mother's/Guardian's Home Phone	Mother's/Guardian's Work Phone	Mother's/Guardian's Cell Phone	

Revised: 08-06-2008
 Special Services Department

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Student and Parent Agreement To Dance Team Regulations and Guidelines

PRINT				
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 and notarized prior to tryouts.</p>				
STUDENT SECTION				
<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			
PARENT/GUARDIAN SECTION				
<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			
<p>† Information/Photos pertaining to my child may be used in news releases and publications.</p>				
<p>† Photos of group/team only, no name may be released for publication</p>				
_____	_____			
Date	Parent/Guardian Signature			

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