



SWINGSTERS
Sachse High School
Swingsters
2009-2010

Congratulations! You've decided to try-out for the award-winning Swingsters Drill Team. This packet contains some very important information concerning audition procedures, team requirements, and district policies. Please read this packet thoroughly and keep the information for future reference. Each packet should contain:

- Audition Information
- The Year in Review
- GISD Drill Team Constitution
- Swingsters Drill Team Application & Signature Sheet
- GISD Physical Form and Medical Form to be Notarized

The following pages must be completed returned to Ms. Shaver by Friday, May 1st at 2:30 PM. No late applications will be accepted!

- Constitution Verification Form
- Swingsters Drill Team Application
- Swingsters Audition Signature Form
- GISD Physical Form

**Packets Due No Later than
May 1, 2009 by 2:30pm
to Ms. Shaver**

Dear Parents and SHS Drill Team Hopeful,

The 2008-2009 team has set the standard high for all of the teams to come. Their hard work and dedication, to the Swingsters, has made it a one of a kind organization. If you desire friendships, success, self-discipline, and lasting memories, we want to encourage you to tryout to become a Swingster.

This is a new endeavor for both you and your daughter. We feel it is extremely important to share with you some basic information about the tryout process for the SHS Swingsters. As a part of the team, you will perform at football and basketball games, pep rallies, competitions, Spring Show and other special events. In addition to these performances, the team will also participate in fundraising and community service projects.

The 2009-2010 tryouts for becoming a member of the SHS drill team will be a learning experience for your daughter. We will take the girls through every step of the tryout process in order to prepare them to be judged by a certified panel of judges. Please remember that all judge's scores will be final.

We will be holding a **MANDATORY** meeting in the SHS cafeteria for the parent(s) of all girls that will be trying out for Swingsters. The meeting will be on Tuesday April 14th at 6:30pm. This will be an extremely important time for you to learn more about the responsibilities of being on the team.

Tryouts for the Swingsters will be Saturday, May 9th starting at 8am ending at 10am. Tryouts will be held at Naaman Forest High School. The clinic for the girls will be May 5th, 6th, 7th and 8th from 2:45-5:00pm. The results will be posted on the GISD website and posted at the school on the outside of the gym door. I will give you the time to be back at the school for the posting.

Please read all information carefully in the packet before signing the contracts. If you have any questions, please e-mail me at brshaver@garlandisd.net. I look forward to meeting you and your daughter and working with your daughter during the upcoming tryouts and year!

Sincerely,

Brittany Shaver, Director
Sachse High School Swingsters

Swingsters Audition Information

Workshop and Audition Dates:

Tuesday April 14 th	6:30pm	Mandatory tryout meeting in SHS cafeteria
Friday, May 1	2:30pm	Tryout Packets Due to Ms. Shaver
Tuesday, May 5	2:45-5:00pm	Workshop I in SHS Gym
Wednesday, May 6	2:45-5:00pm	Workshop II in SHS Gym
Thursday, May 7	2:45-5:00pm	Workshop III in SHS Gym
Friday, May 8	3:00-5:00pm	Mock Tryouts in SHS Gym
Saturday, May 9	8:00-10:00am	Swingster Audition at Naaman Forest HS
	7:00pm	New Swingsters posted at SHS
Tuesday, May 12	6:30pm	Required New Team Meeting for Parents
Wednesday, May 13	7:00pm	Team Fitting Date in SHS Cafeteria

Eligibility Requirements:

1. You must be an enrolled sophomore, junior or senior student at Sachse High for the 2009-2010 school year to attend the workshops and auditions for drill team.

Workshops:

1. Only those freshman, sophomore & junior students auditioning for drill team will be admitted to the workshops. All practice sessions and audition are closed to the public.
2. Workshops will begin promptly at 2:45pm-**please be on time!**
3. Hopefuls must wear a dance top and dance pants/capris during workshops. Jazz shoes must be worn at all times.
4. Hair must be in a **slicked back** ponytail, or bun.
5. No gum is allowed and ALL jewelry must be removed before the workshops begin.
6. Only water bottles will be allowed in gym.

Auditions:

1. Only those freshmen, sophomore & junior students auditioning for drill team will be allowed into the gym area, along with Swingster officers whom are helping.
2. All Hopefuls will have an individual number and a group number assigned to them. Each group will consist of 3-5 dancers. Judges know the Hopefuls only by number-no names are used.
3. Auditions will begin **promptly** at 8:00am on Saturday.
4. Hopefuls should wear appropriate drill team make-up.
5. The only jewelry allowed are rhinestone earring studs and hair must be in a **slicked bun** parted over the left eye.
6. Hopefuls must wear the following items for auditions:
 - Black turtle neck long-sleeved leotard
 - Black jazz pants (long)
 - Black socks
 - Black jazz shoes

***Discountdance.com or any area dance store(Team Go Figure) has the leotard
or you may borrow from a current Swingster***



★ *Judging Criteria:*

★ 1. All Hopefuls will be judged on the following categories as stated in the GISD Varsity Drill Team Constitution. For details on these categories, please see the judging category descriptors page in this packet.

- | | | | |
|------------------------|-------|---------------|-------|
| ★ • Image and Presence | 20pts | • Projection | 10pts |
| ★ • Jazz Routine | 20pts | • Right Split | 10pts |
| ★ • Kick Routine | 20pts | • Left Split | 10pts |
| ★ • Overall Technique | 20pts | | |

- ★ 2. The judges only know each Hopeful by number-NO NAMES WILL BE USED.
- ★ 3. Each Hopeful must remain at the audition site until the final group has performed in the event that callbacks are necessary.
- ★ 4. There is no minimum or maximum number of girls that will be taken at auditions. The number taken will be determined by the largest break in scores.
- ★ 5. Results will be posted Saturday, May 9th. They will be posted at a particular time given by the director. Only **NUMBERS** will be posted.

★ *Swingsters Official Website:*

★ The website includes photos from performances that can be purchased, pertinent information, schedule of performances, booster club information, and all handouts sent home. This will be your first place to check to answer your questions.

★ www.sachseswingsters.org



Things to Understand

You are now on a Varsity Drill Team

Your Director calls you an athlete and an artist

Talking distracts your teammates and wastes valuable study time

- You do not “deserve” to do anything. Work for it!
- You are your own responsibility
- Gossip hurts everyone on the team
- Lying is ugly

Your Director thinks you are beautiful and that you want to be a Swinger! You should too!!

How to be a Swinger

1. Be on time (10 min before the time on the Calendar)
2. Smile . . . a lot . . . even if it is hard
3. Come prepared to do what is asked of you.
4. Know your yard line, spot in formation, and review your choreography on **your own** to stay sharp.
5. Wear the same outfit as everyone else, hair up, no jewelry at all. No exceptions!
6. Compliment a teammate every single practice
7. Take care of your body.
8. Work hard . . . all the time!
9. Say yes ma'am at all times!
10. **Leave issues at the door... focus on practice during practice!**

A few things to avoid!

- Whining and complaining . . . we are all hot, tired, sore . . .
- Missing practice
- Disagreeing with an officer or Director in front of the team

The Year in Review

Team Fitting:

May 13th at 7:00pm will be team fitting for new Swingsters. A deposit of \$200 will be required. A \$150 deposit to the SBC will also be required at this time. All other costs are attached to this packet.

Summer Camp:

All members must attend summer camp. Camp is a time for the girls not only to get to know one another, but a time to develop skills needed throughout the year. The dates for summer camp are July 23 – July 26 at the Richardson Renaissance Hotel. The camp clothes pick up will be Monday, July 20th at 11:00am in the SHS cafeteria. Payment for this camp will cost approximately \$350-400 and is due by the end of June to the SBC Treasurer.

Boot Camp:

Boot camp is held shortly before school begins, from 8:00am to 12:00pm. All members must attend the full practice time allotted. During this time, the team will practice all football routines, stand routines, some competition routines and condition for the fall. **Baby Swingsters:** August 3rd-6th from 8am -12pm at SHS. **All Swingsters:** August 11th-13th from 8am-12pm at SHS and August 18th-20th from 4-7pm at SHS.

Football Season:

Fall is football season and the beginning of our year! The Swingsters will perform at all football games, away and home. Members will tryout for each football routine. All members are expected to attend all games with the team. If the games are out of district and we have to travel, we will meet at SHS and ride a bus to and from the game. If the games are in district then we will just meet at the GISD football field at a specified time.

Basketball Season:

The Swingsters will perform at select basketball games throughout the season. Depending on the number of competition routines each member makes, that will determine the number of basketball performances. We will not travel to out of town regular season basketball games.

Competition Season:

Competition is a serious time for the team and a chance for them to grow as a team and as individuals. All members are expected to participate in competition. Members will try-out for all competition routines. Practices for competition will be held after school and on some Saturdays and evenings. The time commitment will depend on the number of routines the member is involved.

Spring Show:

Spring Show is a SHS drill team production held in the SHS Auditorium. The girls will participate in a number of routines together and with specialty groups within the team. It will be their opportunity to show all they have learned throughout the year.

IMPORTANT DATES

April 14th - Mandatory meeting

May 1st - Packets due to Ms. Shaver

May 12th - Rookie Parent mandatory meeting

May 13th - Team Fittings

June TBD - Car wash fundraiser

July - 2009-2010 Team Picture

July 20th-22nd - Team Practice

July 23rd-26th - Team Camp (Required)

August 3rd-6th - Baby Swingsters Boot Camp

August 11th-13th - All Swingsters Boot Camp

August 14th - Workshop with Shary Anderson

August 18th-20th - All Swingsters Practice

Swingsters Drill Team Application

Please turn all four pages of your completed application packet to Ms. Shaver by Friday May, 1st at 2:30 p.m. Late packets will not be accepted.

STUDENT NAME:

NICKNAME (NAME YOU GO BY):

STUDENT ID:

GRADE LEVEL FOR 2009-2010 YEAR

BIRTHDAY:

HOME ADDRESS:

CITY, STATE, and ZIP CODE: _____

FAMILY PHONE NUMBER: _____

STUDENT PHONE NUMBER: _____

STUDENT EMAIL ADDRESS: _____

MOTHER'S NAME: _____

MOTHER'S WORK NUMBER: _____

MOTHER'S EMAIL ADDRESS: _____

FATHER'S NAME: _____

FATHER'S WORK NUMBER: _____

FATHER'S EMAIL ADDRESS: _____

Attach Photo Here
(Recent Close-up Shot)

Swingsters Audition Signature Page

We, the parents/guardians of _____, grant our permission for her to audition for the Swingsters Drill Team. We have read the G.I.S.D. Drill Team Constitution. We agree to abide by all rules and regulations set forth by this document. We also understand and agree to the consequences for breaking these rules and regulations. Furthermore, we understand that, if selected for the team, my daughter will be required to pay for her practice clothing, shoes, and game day attire. I further understand that this is an extracurricular activity and that attendance at all practices, games, and special functions are requirements of team membership. Finally, we understand the audition process. We agree and understand that the decision of the judges is final.

Parent's Name: _____
(Please Print)

Parent's Signature: _____

Date: _____

I, _____, am choosing to audition for the Swingsters. I have read all guidelines included in this packet and the Drill Team Constitution and agree to abide by all rules and regulations. I also understand and agree to the consequences for breaking these rules and regulations. If I am selected to the drill team, I understand that I am expected to uphold the standards set by the team and by Garland I.S. D. Should I fail to meet these standards, I will be subject to disciplinary action. Finally, I understand the audition process. I agree and understand that the decision of the judges is final.

Student's Name _____
(Please Print)

Student's Signature: _____

Date: _____

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports 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 passed out during or after exercise?	<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 sport 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 had chest pain 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"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<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 had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
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"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
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"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
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"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Have you ever been knocked out, become unconscious, or lost your memory?	<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"/>
If yes, how many _____ When was the last _____			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
times? _____ concussion?			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
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"/>	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.		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
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"/>			

It is understood that even though protective equipment is worn by the athlete, 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 athletic competition, 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: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE 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 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*

	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			
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 games/matches.