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**HANNAN HAWKETTES**

**2018-2019 Tryout Packet**

**Informational Meeting**

Wednesday, March 7th at 5:30 p.m. in room 202.

**Tryout Dates**

Wednesday, March 14th 4:00- 6:00 p.m. AHHS Gym

Thursday, March 15th 4:00- 6:00 p.m. AHHS Gym

Friday, March 16th 4:00- 6:00 p.m. AHHS Gym

We are very excited that your daughter has expressed an interest in trying out for the 2018-2019 High-Kicking Hawkettes Dance Team! The Hawkettes perform at all home, away, and playoff football games, some home basketball games, pep rallies and other community events.

The team will compete in the UDA state competition in January 2019 and may have the opportunity to participate in the UDA national dance team championship in February 2019 in Orlando, Florida.

Students **WILL NOT** be able to participate in any sport or extra-curricular activity that interferes with scheduled practices or performances.

If your daughter makes the team, there is a mandatory parent meeting and uniform fitting that will be held on April 17th at 5:30 in Ms. Zibilich’s room, 202.

**When do we practice?**

* Membership on the Hawkettes is a **year-long** commitment and will begin with Spring practices **on Tuesday, April 10th** on Tuesdays and Thursdays from 3:30- 5:30 p.m. and will last until **May 10th**.
* Summer Practices will be held on Tuesdays and Thursdays and begin on Tuesday, May 29th from 9:00- 11:00 am until Thursday, June 14th.
* *\*Extra practices may be added if we are not ready for UDA Camp.*

**Mandatory UDA Dance Camp will be held on June 17th- June 20th in Mobile, Alabama.**

* Practice will resume on Tuesday, June 26th from 9:00- 11:00 am. (See Calendar)

**When School Starts…**

* Starting in August, weekly practices will be held on Tuesdays and Thursdays from 3:30- 5:30 p.m.
* As the year progresses and competition season begins, additional weekend and holiday practices will be added.
* Team workouts will be held on Wednesday afternoons from 3:30- 4:30 p.m.
* The team will also attend technique class at Elite Dance Studio. Dates and Times TBA.

**Hawkette Candidate Requirements**

* All candidates must have a clean discipline record and 2.5 GPA or higher.
* All candidates trying out must presently be a student of Archbishop Hannan High School or an accepted and registered incoming student.
* The acceptance form of the AHHS Constitution must be signed by a parent or guardian prior to the first day of tryouts (Wednesday, March 14th).

**Frequently Asked Questions**

* **What do I wear to tryouts?**
* Plain black leotard
* Plain black hot shorts or skort
* Tan or black jazz shoes
* Hair in ponytail off of face
* Performance makeup on day of tryouts
* Stockings (optional)
* **What are things that I should not wear to tryouts?**
* Jewelry
* Tennis shoes
* Hair down
* Bright colored sports bras
* **Who are the judges**
* Judges are independently hired and professionally trained in studio and dance team dancing.
* Judges will evaluate participants and record their scores on designated score sheets.
* Scores will be added to the teacher recommendation scores to calculate total points.
* **How will the tryout process happen?**
* Participants will try out in groups of 3.
* Numbers will be handed out on the first day of tryouts
* Scores will be tabulated following the last participants tryout
* Results in the form of the participants’ number will be highlighted and posted on the gym door by 6:30 p.m. on the last day of tryouts, Friday, March 16th.
* **Who is allowed at tryouts?**
* The dance team tryouts are closed to all parents and spectators. You must remain outside until tryouts are over.
* **What is the financial responsibility to being a member of the Hawkettes Dance Team?**
* The estimated financial obligation of being a Hawkette is approximately $1800.00 for new members.
* For returning members the cost will be less due to reusing some uniform items.
* The total will be broken down into four payments due from April- July.
* The amount will cover all uniform items, UDA summer camp, choreography, and accessories.
* The amount does not cover state or national competition fees.

**Current Hannan Students:**

Please fill out all necessary information on the following pages and return it to Ms. Zibilich in room 202 by Monday, March 12th.

**Incoming Students:**

Please fill out all necessary information on the following pages and bring the tryout packet to tryouts on Wednesday, March 14th and turn in to Ms. Zibilich in the gym lobby.

Thank you for your interest in Hawkettes, we look forward to meeting you at tryouts! If you have any questions

please email Coach Christi at cvallee@hannanhigh.org.

Thank you,

Coach Christi and Ms. Zibilich



**AHHS HAWKETTES**

**Tryout Packet Checklist**

**Check List**

**Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Incoming AHHS students will need to bring completed tryout packet to the first day of tryouts on Wednesday, March 14th and turn in to Ms. Zibilich in the gym lobby before tryouts begin.**

**Please turn in this checklist page with all of the following forms:**

**\_\_\_\_\_\_\_\_ Application Form**

* This must be signed by a parent or guardian to tryout and participate on the team if selected
* This permission slip will release AHHS and sponsors of liability in case of injury

**\_\_\_\_\_\_\_\_ Insurance Information Form**

* This form must be accompanied with a copy of the student’s current insurance card

**\_\_\_\_\_\_\_\_ Teacher Recommendation Form**

* Each candidate must submit **TWO** teacher recommendations
* Recommendations may be filled out by any current school teacher, coach, or sponsor of any extracurricular activities
* All forms should be given to two teachers/coaches and must be returned in a **SEALED** envelope with the teacher’s signature across the seal and the name of the candidate on the front
* Forms **WILL NOT** be accepted and score will count as zero if received in any other method

**\_\_\_\_\_\_\_\_ Report Card**

* A copy of the **MOST RECENT** report card must accompany this application
* Candidates must have a clean discipline record and at least a 2.5 GPA

\_\_\_\_\_\_\_\_\_ **AHHS Hawkettes Dance Constitution**

* The agreement form of the AHHS Hawkette Constitution must be signed by the candidate and the parent or guardian of the candidate.

**CURRENT AHHS STUDENTS ONLY:**

**\_\_\_\_\_\_\_\_ Ms. Zibilich’s Signature**

* **Current AHHS students will need to turn in the entire tryout packet to Ms. Zibilich in room 202 by Monday, March 12th.**



**AHHS HAWKETTES**

**Dance Team Application**

**Candidate Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Candidate Number \_\_\_\_\_\_\_**

**Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent (s) Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_\_\_\_\_ Grade Next Year \_\_\_\_\_\_**

**Current School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Dance or Dance Team Experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Candidate’s Name) has my permission to tryout for the Archbishop Hannan High School Hawkettes dance team. I have read and understand the list of requirements and reviewed calendars and costs. I agree to all conditions, and I support the group in all activities, should by child be selected. I release Archbishop Hannan High School and sponsors from any and all liability in case of injury.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent of Guardian Signature of Candidate**



**AHHS HAWKETTES**

**Insurance Form**

**Candidate Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE FILL OUT THE HEALTH INSURANCE INFORMATION COMPLETELY AND ATTACH A COPY OF THE CARD:**

**Health Insurance Provider/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF THE APPLICANT IS NOT CURRENTLY COVERED BY A HEALTH INSURANCE ORGANIZATION, READ AND SIGN:**

**I AGREE TO PURCHASE SCHOOL OR OTHER HEALTH INSURANCE FOR (Candidate Name)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IF SHE SHOULD MAKE THE 2018-2019 ARCHBISHOP HANNAN HIGH HAWKETTES DANCE TE AM.**

**Parent or Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your daughter have any medical conditions? YES NO**

**If yes, please state the condition, and explain if necessary:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**AHHS HAWKETTES**

**Teacher Recommendation**

**PLEASE RETURN TO STUDENT IN A SEALED EVELOPE WITH YOUR SIGNATURE ACROSS THE SEAL.**

**Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please rate the student in the following categories using a scale of 0 to 5. Feel free to make any additional comments on the back of this sheet. Thank you.**

**0 = Does not possess or exemplify this trait**

**1 = Poor**

**2 = Fair**

**3 = Average**

**4 = Good**

**5 = Excellent (You would like to work closely with this student on a daily basis)**

1. **LEADERSHIP & RESPONSIBILITY \_\_\_\_\_\_\_\_**
2. **HONESTY & INTEGRITY \_\_\_\_\_\_\_\_**
3. **COOPERATIVE ATTITUDE & BEHAVIOR \_\_\_\_\_\_\_\_**
4. **RESPECT FOR AUTHORITY & RULES \_\_\_\_\_\_\_\_**
5. **ATTENDANCE & PUNCTUALITY \_\_\_\_\_\_\_\_**
6. **WORK ETHIC \_\_\_\_\_\_\_\_**
7. **PERSEVERANCE & DEDICATION \_\_\_\_\_\_\_\_**

 **TOTAL SCORE: \_\_\_\_\_\_\_\_ / 35**

**Teacher Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**AHHS HAWKETTES**

**Teacher Recommendation**

**PLEASE RETURN TO STUDENT IN A SEALED EVELOPE WITH YOUR SIGNATURE ACROSS THE SEAL.**

**Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**4 = Good**

**5 = Excellent (You would like to work closely with this student on a daily basis)**

1. **LEADERSHIP & RESPONSIBILITY \_\_\_\_\_\_\_\_**
2. **HONESTY & INTEGRITY \_\_\_\_\_\_\_\_**
3. **COOPERATIVE ATTITUDE & BEHAVIOR \_\_\_\_\_\_\_\_**
4. **RESPECT FOR AUTHORITY & RULES \_\_\_\_\_\_\_\_**
5. **ATTENDANCE & PUNCTUALITY \_\_\_\_\_\_\_\_**
6. **WORK ETHIC \_\_\_\_\_\_\_\_**
7. **PERSEVERANCE & DEDICATION \_\_\_\_\_\_\_\_**

 **TOTAL SCORE: \_\_\_\_\_\_\_\_ / 35**

**Teacher Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**