# **2022 MONTFORD DANCE TEAM**



CLINIC: Thursday, October 13<sup>th</sup>, 7:30am-9am Friday, October 14<sup>th</sup>, 7:30am -9am Tuesday, October 18<sup>th</sup>, 7:30-9am

# TRYOUTS: Wednesday, October 19<sup>th</sup>, 7:30am -9am

## Conditions of Participation

## To be eligible for participation all students must:

- 1) Have a completed Activity Participation Form on file
- 2) Have documentation of a current physical on file (physicals are good for 1 year after the date of the exam)
- 3) Submit a copy of Current Grades
- 4) Maintain satisfactory citizenship in all classes
- (5) At the time specified by the coach, have transportation to/from all activities
- 6) Attend all scheduled games and practices on time (except when excused by the coach)
- 7) Act responsible and represent the school in a positive manner
- 8) Wear a white shirt, black bottoms and sneakers \*\*\*\*\*Any violation of the conditions of participation may result in dismissal from the squad.

I have read and understand the conditions of participation Yes No	
Student Name (first & last)	Date of Birth month/day/year)//
Student Signature:	Grade Level:

Do you have a current physical on file with the school, if so what is the date of the physical? Yes\_\_\_\_\_\_ No\_\_\_\_\_ (mm/dd/yr) \_\_\_/\_\_\_

- 1. Do you have a "2022-23 "Activity Participation Form" on file? Yes\_\_\_\_\_ No\_\_\_\_\_
- Do you have a 2022-2023 Health Insurance Portability and Accountability Act ("HIPPA)/Student-Athlete Authorization for Disclosure of Protected Health Information on file? Yes \_\_\_\_\_ No \_\_\_\_
- 3. Did you submit a copy of your current grades with your permission slip? Yes\_\_\_\_\_ No\_\_\_\_

### **\*\*\*\*\***All documentation must be completed before participating in the activity

#### PARENT CONSENT:

I give permission for my child (named above) to participate. I agree with the above conditions, and understand that any violation of the above conditions may result in the student's dismissal from the team.

Parent/Guardian-Name

Date

Phone # (best way to contact)

Parent/Guardian-Signature

\*\*\*\*\*THIS FORM MUST BE SIGNED SUBMITTED BEFORE ATTENDING TRYOUTS.

# <u>Complete, submit and email it to mmsathletics@leonschools.net and</u> <u>at jaelynjackson125@gmail.com</u>

Any questions please e-mail Coach Jackson at: jaelynjackson125@gmail.com