



# Starlettes Pom Squad



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CLINIC: April 6<sup>th</sup> and 7<sup>th</sup> from 3:15 to 4:30PM

TRYOUTS: WEDNESDAY, April 8<sup>th</sup> from 3:15 to 5:30 or LATER

**\*\*PERMISSION FORMS DUE FRIDAY, APRIL 3, 2020**

## STARLETTES POM SQUAD REQUIREMENTS & GUIDELINES

### After School Practices:

- Every Wednesday 3:15-4:30 in appropriate attire
- Extra practices may be called when needed

### Performances:

- Can include PTA meetings, parades, school programs/events, and other community events.
- **MANDATORY PARENT MEETING**: Once the squad has been chosen, a scheduled meeting is on April 29<sup>th</sup> at 6:00 PM in the Cafeteria for our 2020-2021 squad.
  - \$50 deposit is **required** to be paid at the first parent meeting by every dancer.
- **Purpose of Deposit**: This fee will go towards team costs, judges, music, parade fees, and props.
- **SECOND MANDATORY PARENT MEETING**: Tentatively scheduled for a day in August at 6:00 PM in the Cafeteria.
  - Girls will be sized for uniforms and must be present.
  - Uniforms will be ordered at this time (Used uniforms will be available at discounted rates.).
  - Remaining balances of the estimated \$300 should be paid for all new dancers.

**NOTE: SOME CHECKS AND PAYMENTS WILL BE MADE Directly TO VARSITY.**

- **Fundraisers**: Each Starlette will be required to participate in organized fundraisers to help with personal costs and team expenses (More information to be announced at first parent meeting).
- **Grades**: Each Starlette is expected to keep her grades in good standing. Only A, B, and Cs are allowed on printed report cards to remain on the team (The average of any combination of these does not count.).
  - If grades fall below a "C" in any subject, the student will be put on probation and will not be allowed to participate/perform until grades are improved with evidence from the JPAMS or next report card. With improved grades on report card, she may participate again. If grades do not improve on her report card, she will remain on probation. NO EXCEPTIONS. It is the responsibility of the Starlette to notify the sponsor of any grades that fall below a "C" on her report card.
- **Behavior**: Classroom/school behavior is expected to be superior.
  - Office referrals/discipline reports/multiple white slips will merit sponsor's review and may be subject to disciplinary action (i.e. probation, not performing at the next event) It is the job of the Starlette to notify the sponsor of any discipline actions.

Any suspension from school will be cause for dismissal from Starlettes. NO REFUNDS.

- **Attendance:** Starlettes is a team activity, and, thus, requires all members to be present to be successful. Each member is expected to attend all practices and performances/events.
  - A total of 4 absences for the year from practices will be allowed with no more than 2 being unexcused. (1 prolonged illness/out for family death will count as 1 absence.) More than 4 absences for the year may be grounds for probation/dismissal from the Starlettes Pom Squad. Missing a performance without prior notice and without an excused reason may be grounds for probation.
  - 2 excused absences (personal illness or family death) are allowed with a written doctor's note or written notice of a family death. The written excuse must be turned into the sponsor prior to the day of the next scheduled practice.
  - If a student is aware of an upcoming absence for any reason, please let a sponsor know in advance.
  - If a Starlette misses the practice prior to a performance, she will not be allowed to participate in that performance, even if it is excused.

### **TRYOUTS/CLINIC**

AT DISMISSAL (3:15pm) ON April 6<sup>TH</sup>-8<sup>TH</sup>, YOUR CHILD WILL GO DIRECTLY FROM HER CLASS TO THE GYM. ALL STUDENTS TRYING OUT SHOULD COME TO SCHOOL WITH A BAG PACKED OF PRACTICE CLOTHES AND TENNIS SHOES. (STPSB DRESS CODE IS STILL IN EFFECT.) SHE CAN CHANGE INTO HER PRACTICE CLOTHES IN THE GYM BEFORE CLINIC/TRYOUTS BEGIN. PLEASE PICK UP YOUR CHILD IN THE CAR LOOP AT 4:30 PROMPTLY (Mon -Tues. April 6<sup>th</sup> -7<sup>th</sup>).

**ALL THOSE TRYING OUT MUST ATTEND ALL CLINIC DAYS AND THE TRYOUTS.**

PARENTS, RELATIVES, AND/OR FRIENDS ARE NOT ALLOWED AT THE CLINIC/TRY-OUTS. STUDENTS WILL TRYOUT IN GROUPS OF THREE OR FOUR.

**DEPENDING ON THE NUMBER OF GIRLS TRYING OUT, TRY-OUTS ON WEDNESDAY MAY GO PAST 5:30 P.M. PLEASE BE PREPARED TO STILL ARRIVE AT 5:30 AND WAIT IN THE CAR LOOP FOR YOUR CHILD.**

PLEASE **DO NOT** COME INTO THE GYM TO WAIT FOR YOUR CHILD.

THANK YOU FOR YOUR COOPERATION!

Mrs. D'Lara Carter

Mrs. Stacey Kelly

Ms. Samantha O'Neill

Ms. McKenzie Conozere

**\*\*Please keep the previous pages for your information and return the following TWO pages to the school office Friday, April 3<sup>rd</sup>.**

**\*Permission to Participate\***

This form is to be filled out completely and returned to Bonne Ecole's school office by **Friday, April 3<sup>rd</sup>** before the student is allowed to try-out, participate, compete and/or perform.

Please return both pages of this permission form by **FRIDAY, APRIL 3<sup>RD</sup>**.

The parent/guardian of \_\_\_\_\_ hereby gives permission for this student to participate in the Starlettes Pom Squad activities as long as the above requirements are maintained/adhered to.

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Student's Name: -----

Student's Grade (THIS YEAR): -----

Responsible Parent/Guardian's Name: -----

Home Address: -----

Home Phone: -----

Mom's Work Phone: ----- Mom's Cell Phone: -----

Dad's Work Phone: ----- Dad's Cell Phone: -----

Emergency Contact #1 ----- Phone: -----

Emergency Contact #2 ----- Phone: -----

As in all activities, there is some risk of injury. Every reasonable precaution will be taken to provide for the safety and care of the student. In the event of an accident requiring emergency care, a reasonable effort will be made to notify the parent/guardian.

I hereby authorize a representative of the "Starlettes Pom Squad" to make such arrangements necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician of the hospital to undertake such care and treatment as he/she considers necessary including hospitalizations, anesthesia, x-rays, injections, and surgery. Furthermore, I understand that I will be financially responsible for any such treatment.

Please list and describe any medical condition or medical protocol we should know about:

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I understand that it is each individual family's responsibility to transport or arrange transportation for their dancer to and from all tryouts, practices, performances, and events.

I agree not to hold the St. Tammany Parish Schools, sponsors, coaches, directors, or anyone acting in its behalf, responsible for any injury occurring to the above-named student in the course of such extracurricular/co-curricular activities, including travel.

I have read the above and agree to the conditions herein as the party responsible for the above named student, to all statements and terms. The information I have given is true and correct to the best of my knowledge.

Date: -----

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Signature of Parent/Guardian:

Date: -----

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Signature of Participating Student

I adhere to the GRADES policy in the Starlettes application packet \_\_\_\_\_ (initials)

I adhere to the ATTENDANCE policy in the Starlettes application packet \_\_\_\_\_ (initials)

I adhere to the BEHAVIOR policy in the Starlettes application packet \_\_\_\_\_ (initials)