



AMCHS Bengal Belles Dance/Drill Team

2022 - 2023

Team Tryout Packet

Tryout Dates

March 7th – March 10th

Tryout Times

Clinic
4:30 – 6:00 pm (7th – 9th)
Tryout Day
5:00 – TBD (10th)

Tryout Location

AMCHS Dance Studio
(Room 1003)

Mandatory Interest Meeting

Tuesday, February 15th
6:30 – 7:30 pm
AMCHS Lecture Hall

Optional Prep Class

February 22nd & 24th
6:30 – 7:30 pm
AMCHS Dance Studio
(Room 1003)

For Questions Contact...

Katelyn Garza
Bengal Belles Head Coach
kledbetter@csisd.org

Dear Dance Team Tryout Candidate,

We are so excited for your decision to try out for the A&M Consolidated Bengal Belles. These tryouts are open to incoming freshman, sophomores, juniors, and seniors for the 2022-2023 school year. Are you hard working and a team player? Would you like to be a part of a legacy? If you've always wanted to be part of the dance team, now is your chance!

The Belles participate in summer camps, performs at football games, pep rallies, district events, competitions, host clinics, and spring show. This is a yearlong commitment and expense. Practices, performances, competitions, etc. are ***required*** to be part of this organization. This packet lists out the process, schedule, and important dates to tryout. If you're interested in working on your technique or you'd like to get a feel for how a normal Belles practice runs then you're invited to participate in our FREE, optional prep classes before the tryout clinic week. The mandatory parent/guardian interest meeting is **Tuesday, February 15th in the AMCHS lecture hall from 6:30 – 7:30 pm.**

The Tryout Forms Agreement are online this year! The link is on the last page and must be completed by **Tuesday, February 22nd BEFORE 6:30 pm.** The online tryout forms must be completed to be able to participate in the prep class and to be eligible to try out for the team. A **HARDCOPY** of your 1st – 4th six weeks report card and completed physical must be turned into AMCHS' front office by **Friday, March 4th BEFORE 3:50 pm.**

I'm looking forward to tryouts and I wish you all the best! Please feel free to contact me with any questions you may have.

Sincerely,

Coach & Coach B

Bengal Belles Head Coach & Assistant Coach



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Tryout Information

Expectations

The following are expectations of being a Bengal Belle.

- Spring practice listed below are **mandatory** for new team members.
- All practices listed are from 4:30 – 6:00 pm
- If you have previous conflicts that you cannot get out of then please contact Coach Garza
 - March 29th Get to know you practice
 - April 5th Technique Day
 - April 12th Technique Day
 - April 19th Learn stand routines and victory lines
 - April 21st Spring Show Rehearsal
 - April 26th Continue learning stand routines and victory lines
 - April 28th Spring Show Rehearsal
 - May 10th Learn how to stride and count yard lines
 - May 17th Learn strut for football season
 - May 24th Uniform pick up THEN Little Belle Camp Practice from 6 – 8 pm
- Spring Show practices & performances are **mandatory** for all team members
 - May 4th Tech rehearsal 7:00 – 8:00 pm
 - May 6th Show day 7:00 – 9:00 pm
 - May 7th Show day 3:00 – 5:00 pm
- Summer camp and summer practices are **mandatory** for all team members.
 - July 18th – 21st Little Belle Camp
 - July 24th – 27th Mandatory Line Camp Dates
 - August 1st – 4th Summer Practices 4:00 – 6:00 pm
 - Depending on ROAR Camp, times for August 3rd or 4th practice times may change, so Belles are required to be available the whole day.
 - Belles will also perform at ROAR camp!
- Belles dance class period and practices within the school year are **mandatory** unless stated otherwise and can be changed at the discretion of the director at any time.
- All performances are **mandatory** unless stated otherwise and at the discretion of the director at any time. Performances include, but are not limited to:
 - Football games, basketball games, community & school spirit events, spring competitions, team tryouts, end of year Spring Show, etc.
- Any meeting called by the director is **mandatory** for all team members.
- For everything, you must arrive on time, prepared, and ready to work efficiently.
- Assist in team fundraisers and pay all fees associated with Bengal Belles.
- Continuously maintain and improve dance technique, fitness levels, and choreography retention.
- Maintain academic eligibility & behavior expectations of A&M Consolidated High School, CSISD, and UIL.
- Follow all CSISD Dance/Drill Team Constitution guidelines and expectations, as well as merit & demerit procedures.

- Uphold respect for your coaches, team, and yourself as a Bengal Belle.
- **Always strive to be a well-rounded, committed, encouraging, supportive, coachable, and hard-working teammate.**

Tryout Eligibility

- Must be a current 8th, 9th, 10th, or 11th grader *by credits*
- A total grade average of 80 or higher for the 1st -4th six weeks.
 - A HARDCOPY of 1st – 4th six weeks report card must be turned in by **Friday, March 4th BEFORE 3:50 pm.**
- Physical completed by a primary physician
 - A HARDCOPY of your physical is due by **Friday, March 4th BEFORE 3:50 pm.**
- No previous dismissal from or unfulfilled full time commitment due to voluntarily quitting (without approval of Principal and/or Coach) any other school club, organization, or sport for the current year.
- A candidate will not be eligible to tryout if he/she has been placed in ISS or Venture Center for more than 3 days during the current year.
 - Any sort of disciplinary action that resulted in a total of more than 3 days placement will make the candidate ineligible for tryouts.
- A candidate will be ineligible to tryout if he/she has been suspended from school in the current year.

Tryout Requirements

Failure to turn in everything on time will forfeit your chance on the team.

- Candidate and candidate parent/guardian must attend mandatory parent/guardian interest meeting on **Tuesday, February 15th in the AMCHS lecture hall from 6:30 – 7:30 pm.**
 - If you and/or your parent/guardian are unable to attend due to COVID related illness or a health care professional recommends you to quarantine, then please contact Coach Garza for accommodations.
- Items required to be turned in by **February 22nd BEFORE 6:30 pm.**
 - Completed Tryout Forms Agreement online
- Items required to be turned in by **March 4th BEFORE 3:50 pm.**
 - HARDCOPY of 1st - 4th six weeks report card
 - HARDCOPY of completed physical
- You will **NOT** be able to participate without all of the above turned in on time.

Tryout Details

- Free, optional prep class for Belles candidates.
 - Tuesday, February 22nd & Thursday, February 24th from 6:30 – 7:30 PM
 - Location: AMCHS Dance Studio (Room 1003)
 - Prep class is **not** required to be eligible for tryouts, but is recommended.
- Thursday, March 10th will be closed tryouts, so only authorized personnel are allowed in the room during the entire process.
- See *Tryout Week Schedule* for Tryout Clinic & Official Tryout Day Times.
- Candidates will learn jazz and kick style combinations during the 3 day tryout clinic as well as perform across the floor technique combinations.
- On Thursday, March 10th candidates will tryout on all requirements in front of a panel of 3 qualified judges, and an administrator will be present.
- Candidates will perform combinations learned during the clinic and will also show their technique including right and left splits during tryouts on Thursday, March 10th.
- All candidates must exit the building at the conclusion of tryouts on March 10th.
- Results will be posted on the Bengal Belles website on Friday, March 11th approximately 24 hours after the conclusion of tryouts. (Example: If the candidates are released at 8:30 pm then results will be posted at 8:30 pm the next day. Do not email coach about posting results before the 24 hours are up.)
- Candidates must be present for the entire school day on the day of tryouts (March 10th)
 - You must communicate all tryout day potential absences by **Monday, February 28th before 3:50 pm**, so that alternate agreements may be made.
- If you are experiencing COVID related symptoms, have tested positive for COVID, or a health professional provides documentation that requires you to quarantine for any reason then communicate that to Coach Garza as soon as possible so that alternate agreements may be made.

Not everyone that is trying out will make it, but that is okay! I encourage you to take a dance class here at AMCHS, join the AMCHS Color Guard, or take the drill team prep class at Expressions Dance to further your dance education and to get more practice with dance technique!

Tryout Clinic Attire

March 7th – 8th from 4:30 – 6:00 pm

- Plain Black Exercise Tank Top, or Leotard (*Top must be form fitting*)
- Plain Black Leggings or Fitted Dance Pants (*Any length is okay*)
- Hair must be pulled out of candidate's face (*pony tail, bun, etc.*)
- Jazz Shoes (*Tan or Black*)
- NO JEWELRY
- Bring Your Own Water
- Assigned Number (*This will be given to you on March 7th then you wear it every day*)

Practice & Official Tryout Day Attire

March 9th from 4:30 – 6:00 pm & March 10th 5:00 pm - TBD

- Plain Black Exercise Tank Top or Leotard (*Top must be form fitting and sleeveless*)
- Plain Black Leggings or Fitted Dance Pants (*Must be full length*)
- Jazz Shoes (*Tan shoes only*)
- Hair in a NEAT low bun (*Hair must be hair sprayed back with no wispies*)
- Performance Makeup with Red Lipstick
- No nail polish
- NO JEWELRY
- Bring Your Own Water
- Assigned Number

Minimum Dance Skill Requirement for Tryouts

- Splits (right required, left preferred)
- Double pirouette turn
- Double coupé turn
- Press leap/split jump
- Chainés
- Right & left grand jetés
- Right Calypso
- Russian/Center leap
- Jump kicks
- Walk kicks
- Fan kicks
- Performance ability/entertaining facial expressions and energy

Tryout Week Schedule

ALL days are required unless you are absent according to AMCHS' attendance policy. If you miss for any other reason, you forfeit your chance of making the team.

- Monday & Tuesday, March 7th – 8th from 4:30 – 6:00 pm
 - Tryout Clinic Attire required
 - Begin learning tryout dance and skills in the dance studio
- Wednesday, March 9th from 4:30 – 6:00 pm
 - Practice Tryout Day Attire required
 - Mock Tryouts
- Thursday, March 10th from 5:00 pm – TBD
 - Official Tryout Day Attire required
 - Candidates will be able to notify parents of the conclusion time estimate the day of.

Results will be posted on the Bengal Belles website 24 hours following the conclusion of tryouts.

Team Information

New Team Meeting

Monday, March 21st @ 6:30-8:30 pm in the AMCHS Lecture Hall

- This is your FIRST mandatory event as a Bengal Belle!
- All mandatory dates will be given to new Belles at the New Team Meeting
- Constitution and demerit/merit agreement will be reviewed and signed at the New Team Meeting
- An estimated price list will also be discussed. New Belle fees average between \$1000 to \$1500 for the first year.

School Year Practice Details

- All year,
 - Tuesday – Thursday practices before school at 6:45 am. Doors open at 6:30 am.
 - Monday and Friday practices before school at 7:25 am. Doors open at 7:10 am.
- After School Practice varies from football season and contest season.
 - Mandatory After school practice from 4:15 – 5:15 pm every Thursday.
 - For learning contest routines, there's a chance that this could happen ANY DAY of the week depending on the choreographer's schedule.
 - The Belles will have at least 6 weeks' notice prior to the after school session to adjust their schedule. ***Choreographer sessions are required if you wish to try out for that routine for contest.***

Tryout Forms

Tryout Forms Agreement Link

This year the tryout forms are online! You will follow the link below to complete the Tryout Forms Agreement online. The Online Tryout Forms Agreement must be completed and submitted by **TUESDAY, FEBRUARY 22ND BEFORE 6:30 PM.**

ONLINE TRYOUT FORM IS TO BE FILLED OUT AND SUBMITTED BY TUESDAY, FEBRUARY 22ND BEFORE 6:30 PM.

<https://forms.gle/hyxiexrBFCZeGNxz6>



The only paper that you MUST turn in is a HARDCOPY of your report card and the physical. Your report card and physical can be turned into the front office from Monday – Friday between the hours of 8:00 am to 4:00 pm. Your report card & physical are due **Friday, March 4th BEFORE 3:50 pm.**

A HARDCOPY OF YOUR CURRENT 1ST – 4TH SIX WEEKS REPORT CARD & PHYSICAL ARE DUE BY FRIDAY, MARCH 4TH BEFORE 3:50 PM.

Student's Name _____ School for 21-22 _____ Primary Sport _____ Sex _____ 21-22 Grade _____ Date of Birth _____

STUDENT-PARENT/GUARDIAN SECTION

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.

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

MEDICAL EXAMINER SECTION – All grades (7th-12th)

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 in the left column. *Local district policy REQUIRES an annual physical exam.

Height: _____ Weight: _____ Pulse: _____
 BP: _____ (_____/_____) _____
 Vision: R-20/____ L-20/____ Corrected: Y or N Pupils: Equal/Unequal

Medical	Normal	Abnormal Findings	Initials
Appearance			
Eyes/Ears			
Nose/Throat			
Lymph Nodes			
Heart – Auscultation Supine			
Heart Auscultation Standing			
Heart – Lower Extremity Pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

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.
 Date of Examination: _____
 Name (print/type): _____
 Address: _____
 Phone Number: _____
 Physician's Signature: _____

This form must be on file prior to participation in any practice, scrimmage, performance or contest before, during, or after school.

	YES	NO
1 Have you had a medical illness or injury since your last check up or sports physical?		
2 Have you been hospitalized overnight in the past year?		
Have you ever had surgery?		
3 Have you ever had prior testing for the heart ordered by a physician?.....		
Have you ever passed out during or after exercise?		
Have you ever had chest pain during or after exercise?		
Do you get tired more quickly than your friends do during exercise?		
Have you ever had racing of your heart or skipped heartbeats?		
Have you ever had high blood pressure or high cholesterol?		
Have you ever been told you have a heart murmur?		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?		
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?		
Have you had a severe viral infection (for example, myocarditis, or mononucleosis) within the last month?		
Has a physician ever denied or restricted your participation in activities for any heart problem?		
4 Have you ever had a head injury or concussion?		
Have you ever been knocked out, become unconscious, or lost your memory?		
If yes, how many times? _____ When was the last concussion? _____		
How severe was each one? (Explain below) _____		
Have you ever had a seizure?		
Do you have frequent or severe headaches?		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?		
Have you ever had a stinger, burner, or pinched nerve?		
5 Are you missing any paired organs?		
6 Are you under a doctor's care?		
7 Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?		
8 Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?		
9 Have you ever been dizzy during or after exercise?		
10 Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?		
11 Have you ever become ill from exercising in the heat?		
12 Have you had any problems with your eyes or vision?		
13 Have you ever gotten unexpectedly short of breath with exercise?		
Do you have asthma?		
Do you have seasonal allergies that require medical treatment?		
14 Do you use any special protective or corrective equipment or devices that aren't usually for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer for your teeth, hearing aid)?		
15 Have you ever had a sprain, strain, or swelling after injury?		
Have you broken or fractured any bones or dislocated any joints?		
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?		
If yes, circle appropriate body part and explain below.		
Head Elbow Hip Neck Forearm Thigh Back Wrist Knee		
Chest Hand Shin/Calf Shoulder Finger Ankle Upper Arm Foot		
16 Do you want to weigh more or less than you do now?		
Do you lose weight regularly or meet weight requirements for your sport?		
17 Do you feel stressed out?		
18 Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?		

Females Only

19 When was your first menstrual period? _____
 When was your most recent menstrual period? _____
 How much time do you usually have from the start of one period to the start of another? _____
 How many periods have you had in the last year? _____
 What was the longest time between periods in the last year? _____

Males Only

19 Do you have two testicles? _____
 Do you have any testicular swelling or masses? _____

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.

EXPLAIN 'YES' ANSWERS HERE (attach another sheet if necessary): _____

An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

-It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the UIL 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 are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

Parent/Guardian signature (required) _____ Date _____
 Student signature (required) _____ Date _____

FOR SCHOOL USE ONLY – This Medical History form was reviewed by:
 Printed name _____ Signature _____ Date _____