

# Covington High School



73030 Lion Drive  
Covington, La. 70433  
(985)892-3422  
Fax: (985) 875-9699

*Dr. Robert DeRoche, Principal*  
*Mrs. Joyce Davis, Assistant Principal*  
*Mrs. Jessica Howard, Assistant Principal*  
*Mr. Paul Morlier, Assistant Principal*  
*Mrs. Belinda Pennison, Assistant Principal*

To Students Participating in the 2018-2019 Auxiliary Group (Cheer, Dance, Flag) tryouts:

Thank you for your interest in becoming a part of our Covington High School auxiliary groups. **It is important that you are aware of the high level of commitment required and standard of behavior expected to remain on an auxiliary group.**

Before completing this packet, please consider the following:

- Participation in Cheer, Dance, or Flag Teams requires after school time commitments nearly every day of the week and all year long. There may be times when school is closed and we still have commitments to fulfill.
- Obligations extend to play-off schedules which are not originally announced as we set schedules; you must be able to accommodate these events. A calendar of events will be given, but the coach has the right to communicate changes in a reasonable time frame. Practices are very important and formations require the availability of all members. We do not want an absentee problem, for this will interfere with the progress of this team. If you have habitual absences, please do not try out for this team. Practices and events are mandatory.
- Auxiliary team obligations begin with tryouts and extend well into the spring, making participation in other extracurricular events/sports impractical if not totally impossible.
- A CHS auxiliary group member is held to high standards. Exemplary character, honesty and integrity is expected as you represent Covington High. Lack of discipline will not be tolerated, and infractions in uniform may merit immediate dismissal from the team. Posting social media comments in your uniform is not recommended.
- Participation in Cheer, Dance, and Flag involves a significant financial obligation. Cost can be as much as \$1300.00 for new members. All team members are required to participate in any fundraising events to offset these cost acquired throughout the entire season.
- All cheerleaders and Dance Team members are required to attend a 4 day / 3 night summer training camp.
- All cheerleaders and Dance Team members are required to attend the CHS Summer Kiddie Camps with children in our community as well as the camps' required practices.
- All Golden Silks members are required to attend a 3 day / 2 night summer camp.

**If there are any conflicts with the above requirements, please DO NOT try out for any auxiliary group. No excuses will be honored.**

Your signature also indicates that you have read through and understand the bylaws for the auxiliary group and agree to adhere to CHS rules, regulations and policies.

Parent Signature \_\_\_\_\_ date \_\_\_\_\_

Student Signature \_\_\_\_\_ date \_\_\_\_\_

Approved:                     *R. DeRoche*                     Dr. Robert DeRoche, Principal

2018-2019

## CHS Auxiliary Teams Tryout Information

If you are interested in trying out for Dance Team, Flag Team, or Cheerleading at Covington High School:

- 1) Visit the CHS website at [www.covingtonhigh.stpsb.org](http://www.covingtonhigh.stpsb.org).
- 2) Download, print and complete the application packet.
- 3) Any questions can be directed to the sponsors of each organization.
- 4) Results of the tryouts will be posted on the Covington High website.

### Dance Team

Sponsors: [holly.flattmann@stpsb.org](mailto:holly.flattmann@stpsb.org) and [cortney.nugent@stpsb.org](mailto:cortney.nugent@stpsb.org)

- **TRYOUT CLINIC (GYM):** Monday-Tuesday, March 12 - 13; 3:45-6:00 p.m.
- **TRYOUT DAY (GYM):** Wednesday, March 14; beginning at 3:45 p.m. -until last callback (if necessary)

### Flag Team

Sponsors: [natasha.cutrer@stpsb.org](mailto:natasha.cutrer@stpsb.org) and [clare.oviedo@stpsb.org](mailto:clare.oviedo@stpsb.org)

- **PAPERWORK DUE (CAFETERIA):** Monday, March 19<sup>th</sup>, 3:30 – 5:15 p.m.
- **TRYOUT CLINIC (GYM):** Tuesday – Thursday March 20 – 22; 3:45 – 6:30 p.m.
- **TRYOUT DAY (GYM):** March 23<sup>rd</sup> at 4:00 until last callback (if necessary)

### Cheer

Sponsors: [mary.koepp@stpsb.org](mailto:mary.koepp@stpsb.org) and [lindsey.mercante@stpsb.org](mailto:lindsey.mercante@stpsb.org)

- **TRYOUT CLINIC (GYM):** Monday - Wednesday, March 26 - 28; 3:45-5:15 p.m.
- **TRYOUT DAY (CAFETERIA / GYM):** Thursday, March 29; beginning at 3:45 p.m.-until last callback (if necessary)

### Candidate Requirements

1. All candidates must have at least a 1.5 GPA and pass 6 out of 7 classes from first semester.
2. All candidates' attendance, discipline, and tardy records will be reviewed prior to tryouts. *If it is determined that a candidate has been suspended during the current school year, he or she will not be allowed to try out.*

# General Tryout rules / information: Cheer • Dance • Flag

## Directions for completing paperwork:

1. All paperwork must be filled out completely and submitted the first day of Tryout Clinics (with the exception of Flag Team).

### Required Paperwork Checklist:

- Copy of First Semester Report Card (includes first and second nine-weeks)
- Copy of current Health Insurance Card (front and back). If none, a school insurance form will be completed the first clinic day.
- Auxiliary Medical Release Form
- Auxiliary Tryout Application Form
- Auxiliary Tryout Permission Slip (letterhead document)
- All teacher evaluations - these should be submitted in SEALED envelopes. Each sealed envelope should have the teacher's signature over the seal, and all letters must be stapled to the try out packet.
- Signed Bylaws Agreement Form (*Please Note: Bylaws and Expectations packets will be provided on the first day of Tryout Clinics. All candidates and parent/guardians will review the Bylaws and return the signed agreement on the 2<sup>nd</sup> day of Tryout Clinics.*)

Our goal is for you to have an enjoyable experience and be part of something special during your time at Covington High. Should a candidate not make a team (Cheer, Dance, Flag), he/she is welcome and encouraged to try out for another team and make the best of the coming year. Please notify BOTH sponsors by email BEFORE the next week's clinic, and we will transfer paperwork. There is no need to fill out a second set of paperwork. Cheer - [mary.koepp@stpsb.org](mailto:mary.koepp@stpsb.org) Dance - [holly.flattmann@stpsb.org](mailto:holly.flattmann@stpsb.org) Flag - [natasha.cutrer@stpsb.org](mailto:natasha.cutrer@stpsb.org)

## Tryout CLINIC Guidelines and Information:

1. Be on time each day. **Students who attend another school: Do not check out from school for any part of tryout week.**
2. Appropriate attire - comfortable clothes; athletic shoes are required (Those trying out for Dance Team may wear jazz shoes OR athletic shoes.) NO Cheerleading, Dance, or Flag shoes (Team Shoes) are allowed this week. Candidate will not be allowed to participate that day if not wearing the appropriate footwear.
3. If at any time you need water or the restroom, go - group breaks will not be given.
4. Clinic and Tryouts are closed to the public. This includes family, friends, etc.
5. If you are injured at any time, you must notify the sponsor immediately.

## Tryout DAY Guidelines and Information:

1. We will finish each group as soon as possible. Do not leave until you are dismissed; call-backs may be necessary.
2. Tryout Day Attire: **\*\*YOU WILL BE REQUIRED TO CHANGE IF YOU WEAR ANY CLOTHING THAT DESIGNATES YOU AS A FORMER AUXILIARY TEAM MEMBER AT ANY TIME DURING THE CLINIC OR TRYOUTS.\*\***

### **Cheer/Flag:**

- Solid white t-shirt (no graphics or writing; t-shirt should be short-sleeve or sleeveless; tank tops with straps that are thinner than one inch are not allowed.)
- Solid blue or black shorts (no writing or graphics on the back of the shorts; a small logo on the front is acceptable but it cannot be a logo related to Cheer or Flag in any way; NO capris or full-length pants)
- Athletic shoes are REQUIRED for tryout day. NO CHEERLEADING OR FLAG TEAM SHOES ARE ALLOWED. If you are wearing cheer or flag shoes, you will not be permitted to tryout.
- Hair should be completely up in a high ponytail. If you have short hair, pull up as much as you can. The judges need to see your face, so hair should be secured with bobby pins if necessary. (Those trying out for Cheer and Flag are required wear a solid white ribbon - no embroidery on the ribbon.) Males must have "neatly groomed" hair.

### **Dance:**

Dark blue or black leotard with suntan tights and jazz shoes. Hair should be in a moderate or high ponytail.

# DANCE SPECIFIC INFORMATION

1. **Technical Requirements for Tryouts:** All participants will be required to perform *AT LEAST* a toe touch, left and right splits, consecutive high-kicks, double turns, a grand jeté, a calypso, and a disc. Participants will learn one dance that will consist of pom, jazz, and kick choreography. One turn combination and one lead combination will also be taught.

*\*\*Appearance, rhythm, precision, flexibility, energy, and control are all important factors in your score\*\**

2. Professional judges will be hired to evaluate the participants on preset requirements. The judges' decisions are final.

Dancin' Darlin's will be selected based on the following scoring system

- 75% -- judges score (technique, flexibility, rhythm, audience appeal, placement, control, appearance, etc)
- 25% -- academic/discipline record (teacher scores, attendance, tardies, GPA, discipline, etc)
  - ALL tardies/absences, (excused, unexcused, exempted excused, exempted unexcused) will be included in the calculations.

3. **Returning members need to meet the following criteria by the date specified on the practice calendar:**

- a. No demerits from the previous year
- b. All team uniforms returned or replaced.
- c. All monetary balances current.
- d. Meet all requirements of this application packet.

4. **Officer Positions:**

- All team members interviewing for an officer position will perform a routine they choreographed at the end of tryouts. Requirements and other information for the routine are outlined in the Officer Candidate packet.

5. **Monetary Concerns: Amounts and dates listed below are tentative and have not been finalized. Amounts and dates may vary from what is listed. This is not a contract.**

- a. **Approximate** initial out-of-pocket cost will be **\$1200.00 per dancer**. This cost includes uniforms, shoes, camp, camp clothing, tights, team bag, winter wear, etc. This cost is tentative and may increase or decrease.
- b. Approximate cost **does not include competition**. Additional amounts may be necessary if the team decides to compete. Competition and all other performances are mandatory for all team members. These costs may include uniform, music, choreography, judges, entry fees, room and board, food, transportation, etc. These costs may exceed **\$600 per dancer**.
- c. The cost includes items for your child specifically. **Fundraising** is a necessity to purchase items for the team as a whole. Most of the fundraising will be for the team; however, opportunities will be available for individual fundraising for individual expenses. Examples of these items may include, but are not limited to, transportation to camp and competitions, shipping and handling, paint supplies, sign paper, homecoming flowers, team meals, national competition, judges for team tryouts, additional uniform expenses, etc.
- d. Each dancer is required to participate in fundraisers to offset the cost of these items and lower individual cost. Refusal to participate in fundraising will result in additional out-of-pocket expenses.
- e. **No refunds**. No checks will be paid to parents.
- f. **Payments can be made in monthly installments or in one payment: The installments may be similar to the following list:**
  1. April—\$250.00—payment
  2. May—\$250.00—remaining camp balance and uniform items
  3. June—\$250.00—additional uniform items
  4. July—remaining balance for winter uniform items
- g. Failure to pay on time may result in suspension from the team until all payments are up-to-date.

Turn this page in on the first day of Tryout week

**Covington High School  
Auxiliary Tryout Application  
2018-2019**

Please PRINT all information

Applicant Name: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

Graduation Year (circle one): 2019 2020 2021 2022

Parent/Guardian Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Parent/Guardian Cell: \_\_\_\_\_

Parent / Guardian Email: \_\_\_\_\_

Current extracurricular activities in which the applicant is involved: \_\_\_\_\_

\_\_\_\_\_

I have read the information provided in the CHS Auxiliary (Cheer, Dance, Flag) application for 2018-2019, and I give my child permission to try out for an auxiliary group. I understand the guidelines, expectations, and obligations presented thus far. I understand it is the applicant's and parent/guardian's responsibility to turn in all required paperwork by the deadlines given. I understand that failure to turn in the appropriate paperwork and adhere to the policies set forth will result in the applicant's forfeiture from tryouts. Furthermore, I understand all policies, required dates, and financial aspects presented. I agree to uphold and abide by the rules and by-laws as well as the responsibilities and expectations of a CHS Auxiliary member.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* First semester report card, tryout application form, medical release, and health insurance card are required items for all applicants. \*\*\* Teacher Evaluations must be submitted in sealed envelopes.**

Turn this page in on the first day of Tryout week

**Covington High School  
Auxiliary Medical Release Form**

**This form must be completely filled out in order to participate in the tryout process.**

Please PRINT all information

Applicant Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street / P.O. City Zip

Date of Birth \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Physician Number \_\_\_\_\_

**Attach a copy of Insurance Card as proof of insurance (Front AND Back). Failure to provide proof of insurance will mean that your child will NOT be allowed to participate in tryouts.** If you do not have proof of insurance, you will have to fill out a school insurance form on the first day of the clinic.

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian name (printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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- ✓ All Applicants must turn in 1 Teacher Evaluation for each Class.
- ✓ All Teacher Evaluations should be submitted in a sealed envelope
- ✓ Envelopes should be provided by the Applicant!!
- ✓ Applicant should fill out top portion of form ONLY!

Applicant Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Subject Area: \_\_\_\_\_

Class Period \_\_\_\_\_ School Name: \_\_\_\_\_

\*\*\*\*\*

**For Teacher ONLY: When completed, evaluations should be placed in an envelope provided by the applicant. Please seal the envelope, sign over the seal, and give the envelope back to the applicant.**

Please rate the applicant in an honest manner based on the following criteria. Add comments if you would like. Please be sure to sign the form.

*Scoring information: 0 is the lowest score (Poor); 5 is the highest (Excellent)*

	Poor					Excellent
	0	1	2	3	4	5
<b>Responsibility</b>						
<b>Respect for Adults</b>	0	1	2	3	4	5
<b>Respect for Peers</b>	0	1	2	3	4	5
<b>Honesty</b>	0	1	2	3	4	5
<b>Cooperativeness</b>	0	1	2	3	4	5

Comments (if you would like): \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date \_\_\_\_\_

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