

AS THE PARENT/GUARDIAN OF

I UNDERSTAND THE COST FACTOR INVOLVED WITH THE FWHS DANCE TEAM AND I ALSO UNDERSTAND THE PAYMENT PLAN INVOLVED. I WILL MAKE **MONTHLY** PAYMENTS OF \$100 PER MONTH STARTING MAY 1ST OF 2007 (THIS YEAR). THE FIRST 3 MONTHS OF PAYMENTS COVER CAMP ON **JUNE 30 – JULY 2 OF THIS YEAR**. CAMP IS \$355. CAMP IS MANDATORY. CAMP INCLUDES HOTEL, MEALS, AND INSTRUCTION AND WILL BE HELD IN BELLEVUE. I WILL THEN START PAYING THE \$100 PER MONTH IN SEPTEMBER OF THE NEW SCHOOL YEAR. YOU MAY PAY THE TOTAL OFF AT ANY TIME, BUT MONTHLY PAYMENTS ARE MANDATORY UNLESS YOU ARE AHEAD OF SCHEDULE.

THE TOTAL COST WHICH INVOLVES CAMP, SKIRT, SHELL & POM COMPETITION, 2 PAIRS OF SHOES, JAZZ COMPETITION, HIP HOP COMPETITION, DUFFLE BAG, POMS AND CAMP WEAR WILL RANGE IN THE **\$1400** AMOUNT. THE MISCELLANEOUS \$ IS FOR MANY ITEMS AND IS \$60. EVERYTHING ELSE IS CLOTHING AND COMPETITION WEAR THAT THEY WEAR THROUGHOUT THE YEAR.

I ALSO UNDERSTAND THAT IF I EXPECT MY DANCER TO PAY HER OWN BILL, THAT I AM ULTIMATELY RESPONSIBLE IF THEY ARE NOT ABLE TO PAY. THAT PLAN IS BETWEEN YOU AND YOUR DANCER, NOT THE SCHOOL YOUR DANCER CANNOT BE HELD RESPONSIBLE AS A MINOR. THEY NEED YOUR SUPPORT AND PERMISSION.

I UNDERSTAND THAT MY DANCER HAS TO HAVE A CURRENT PHYSICAL (WITHIN 2 YEARS THAT WILL LAST THE ENTIRE YEAR) **THIS SUMMER**, NO LATER THAN AUGUST 20. **BOOT CAMP** BEGINS ON AUGUST 25, AND EACH DANCER MUST HAVE ALL PHYSICAL AND ELIGIBILITY THROUGH THE ATHLETICS OFFICE **PRIOR** TO AUGUST 25. BOOT CAMP IS MANDATORY, SO PLEASE PLAN AHEAD FOR BOTH SUMMER CAMP AND BOOT CAMP & PHYSICAL. ELIGIBILITY INCLUDES **PHYSICAL, GRADE CHECK, PARENT PERMISSION FORM, EMERGENCY CARD, & 2008-2009 ASB CARD**.

I ALSO UNDERSTAND THE TIME COMMITMENT FOR BEING ON THE DANCE TEAM. PRACTICES WILL **BE MONDAY AND THURSDAY NIGHTS FROM 6-8:30 AND EXTENDED WEDNESDAYS TO BE DECIDED**.

PLEASE INITIAL EACH PARAGRAPH, AND SIGN AT THE BOTTOM.

DATE _____

E-GALS DANCE TEAM EVALUATION

NAME OF STUDENT _____

NAME OF EVALUATOR _____

WOULD YOU WANT TO WORK WITH THIS STUDENT ON A YEAR ROUND BASIS? YES NO

1. **Evaluate 0-3 with 3 being excellent**
2. **AT END TOTAL THE POINTS**
3. **RETURN EVALUATION TO PAT ADKINS, OR HER SCHOOL BOX BY April 9th. DO NOT GIVE THEM BACK TO THE STUDENTS.**

1. **ATTENDANCE** _____
 3 = Great Attendance 0-1
 2 = A few Absences 2-5
 1 = 6-8 Absences
 0 = 9 or more absences

2. **RESPONSIBILITY** _____
 Comes to class Prepared, Turns in work on time, you can count on

3. **LEADERSHIP** _____
 Helps others, Always does what is expected, Is a good person to be around

4. **ATTITUDE** _____
 You enjoy in class because they do what is asked without whining or !!!

5. **GRADES** _____
 3 = A Student
 2 = B Student
 1 = C Student
 0 = D or lower

TOTAL _____

Athletics and Activities Emergency Information Card

Athlete's Name: _____ School: _____

Grade: _____ Age: _____ Birth Date: _____

Parent/Guardian Names: _____

Address: _____

Home Phone: _____ Work Phone: Father _____ Mother _____

Persons to call if parent/guardian cannot be reached:

1. _____ Phone: _____

2. _____ Phone: _____

Preference of Physicians:

1. _____ Phone: _____

2. _____ Phone: _____

Hospital Preference: _____

Yes No Medical History

1. ___ ___ Are you allergic to any medication? (Which? _____)

2. ___ ___ Do you take any medication regularly? (Which? _____)

3. ___ ___ Do you have any chronic or recurrent illnesses? (Which? _____)

4. ___ ___ Have you ever been hospitalized? (When? _____ Reason? _____)

5. ___ ___ Have you ever required an operation? (When? _____ Reason? _____)

6. ___ ___ Have you ever been knocked out or lost consciousness? (When? _____)

7. ___ ___ Have you had a tetanus shot within the last ten years? (Date _____)

8. ___ ___ Do you wear glasses or contact lenses? (Circle)

9. ___ ___ Do you wear any dental appliance such as a bridge, plate or braces? (Circle)

10. ___ ___ Have you ever had asthma or breathing difficulty? (Medication? _____)

11. ___ ___ Have you any organs missing other than tonsils or appendix (eye, kidney, testicle, etc.)?

12. ___ ___ Other, such as allergy to bee stings, etc. (If insect bite allergy, what needs to be done if this occurs?)

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I hereby give my permission to the health care providers (athletic trainers, team/game physicians and emergency medical technicians) to provide emergency medical services to my child. **yes** _____ **no** _____

In case of emergency, if none of those designated above including physicians can be reached, I give permission to take my child to a hospital or available physician for appropriate treatment. **yes** _____ **no** _____

If your answer to one or both of the above questions is "no", please specify procedure you wish the coaching and/or training staff to follow: _____

ACCIDENT INSURANCE

Accident insurance is required for any student participating in athletics in the Federal Way School District. The student may purchase school insurance or have other medical coverage. Please provide the following information. (Note: no student will be denied participation due to inability to purchase insurance. Financial assistance may be obtained by contacting the Athletic Coordinator at the school.)

- Insuring Company -

Medical _____ Policy number: _____

Dental _____ Policy number: _____

DATE **PARENT/GUARDIAN SIGNATURE**

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