

2019 Wakeland HS Color Guard

Audition Forms

Application, Conflict Sheet, Releases, Medical Form



Audition Packet Checklist

(INCOMPLETE PACKETS WILL NOT BE ACCEPTED)

- ___ / ___ Completed Audition Application Form
- ___ / ___ Schedule Conflict Sheet / Schedule Agreement filled out and signed
- ___ / ___ Member Guidelines and Social Media
- ___ / ___ Audition and Season Commitment
- ___ / ___ Medical Release form (pg. 9)
- ___ / ___ *1st through 5th Six Week's Grade Sheet

*No Emails will be accepted. You must print and attach your grades to the **back** of your audition packet.

Michael Alonso – Color Guard Director (alonsomi@friscoisd.org)
Tanner Smith – Director of Bands (smithchr@friscoisd.org)
Gretchen Hitchcock – Guard Liaison (booster-guard@wakelandband.com)
www.WakelandBand.com

Audition Application Form

Name: _____ Upcoming Grade: _____

Birth Date: _____ Student Phone: _____

Student E-mail: _____

Address: _____

Street

City

Zip Code

T-Shirt Size: _____ Shoe Size: _____

Guardian #1: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Guardian #2: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

Email: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

Home Phone: _____ Work Phone: _____

Please list all guard, dance, gymnastic, band, or related performance experience you have had:

List all activities (school, community, and work) you plan to be involved in the 2019-2020 school year:

Do you want to be considered for weapon line (rifle and/or sabre)? If yes, please describe how your practice plans, as well as your personal goals for weapon for the fall and winter seasons.

Conflict Sheet

Please fill out the following page to the best of your ability. We understand that conflicts arise during the season, and we will do our absolute best to accommodate you and your student. Please email Mr. Michael Alonso as soon as conflicts arise. Excessive and/or unexcused conflicts may result in penalized grade and removal from sections of the marching show.

May 7th, 8th, 9th, 11th (Hype Day), 14th, 16th, 21st, 23rd, 28th, 30th : Evening training rehearsals 6pm – 9p

June 3rd – June 5th: Guard Camp 10am – 5pm (Mandatory)

July 15th – July 18th: Mandatory Late-Summer Guard Camp (Dance and Technique)

July 24th and July 25th (Guard Camp)

July 29th – August 2nd / August 5th – August 9th / August 12th – 13th: Mandatory Summer Band

August 15th – November 9th : 2019 Marching Season

Are you taking a CTE Class or Dual Credit Course? If yes, before and/or after school?

Examples of conflicts include: SAT/ACT Testing, Religious Observations, Weddings, Extracurricular Rehearsals/Performances, Athletic practices and games. A written conflict does not necessarily excuse your student, especially for performances.

Member Guidelines

-Rehearsals are mandatory. There are excusable circumstances, such as: sickness, family emergency, etc. Unexcused absence include: homework, work, non-emergency doctor's appointments, concerts, pictures, vacations, etc. Any absence must be cleared by Mr. Alonso **prior** to the rehearsal/performance via email from a parent within 24 hours. Please be aware that any absence not excused or cleared by Mr. Alonso **will** affect your grade and/or participation in the performing ensemble.

-The WCG Member will abide by all FSD codes of conduct for extracurricular activities. This includes policies on repeated bad behavior, absences, and illegal substance or alcohol use/possession **on and off campus**.

-The WCG Member will have all equipment and appropriate attire with you for rehearsals and/or class. You will receive a "zero" for your daily grade and/or dismissed should you not have your equipment or rehearsal attire.

-You will always have a buddy with you at all performances and events.

-The WCG Member will make eye contact with any instructor speaking to them. Do not spin/dance while they are speaking.

-Do not use foul language or tell offensive jokes.

-Stay professional in rehearsals and please keep drama outside of the performing group.

-Jewelry will not be permitted during rehearsals or performances. This includes, but is not limited to: earrings, nose rings, bracelets, necklaces, rings, ankle bracelets, body piercings, and watches. A band aid **will not** suffice. Do not get new piercings during the course of a season that would require you to leave it in during practice or performance.

-Hair must be a natural color. **No exceptions**. Violation of this guideline will result in you being sent home and/or dismissed from a rehearsal/performance. Your class grade will reflect this infraction.

-Hair lengths **may be** dictated for show purposes. Any haircuts or alterations, male or female, must be approved by Mr. Alonso. Failure to adhere to requested length could result in a limited role in the program.

-Respect yourself. Respect your teammates. Make sure we are creating a positive environment for rehearsal and performances.

We have read and understood the responsibilities and guidelines of being a member of the Wakeland Color Guard. I understand his/her obligations and responsibilities as a member and I will support him/her in this endeavor. I understand that violation of these guidelines could result in suspension or expulsion from the Wakeland Color Guard. I understand I will still be responsible for any and all financial commitments made to the Wakeland band Program if my student is suspended or expelled due to their actions; this includes academic ineligibility.

Parent Signature

Date

Student Signature

Date

WHS Color Guard Social Media Statement and Release

As a member of the WHS Color Guard, there is a high expectation to conduct yourself in a respectable manner at all times. This includes internet post, profile, blog, or website connected to you or about you. It is important that you think twice about what you post, and that you are aware of your online reputation. Your social media is an extension of you and directly affects and reflects upon the Wakeland High School Band and Color Guard programs.

Please be aware of the following:

- Make sure your profiles are password protected. Your password should be unique and original.
- Communicate with your guardians about your social media profiles.
- Do not post inappropriate pictures (alcohol, smoking, adult content, etc.)
- Avoid posts with foul language and explicit comments
- Do not bully others online
- Do not post negative content/comments related to the WHS band, guard, instructors, members

I, _____, have read and understood the Social Media policies. As a Wakeland Color Guard member, I will be mindful of what I post and share online as it not only reflects on me, but also my program and school.

Student Signature

Date

Release Statement

Students within Frisco Independent School District are occasionally asked to be a part of school and/or District publicity. This could be for our website, announcement videos, newsletter publications, and so forth.

The student's name, picture, art, written work, voice, verbal statements, and portraits shall only be used for public relations, public information, school or district promotion, publicity, and instruction.

- Yes, we give permission.
 No, we do not give permission

Parent Signature

Date

Parent Signature

Date

Audition and Member Agreement

I, _____, have read the following information completely: *2019 Color Guard Auditions, Color Guard Rehearsal Schedule, Important Fall Dates, Approved SAT/ACT Test Dates, Financial Information, Member Guidelines, Social Media Statement and Release.*

I am also aware that I must be enrolled in the Color Guard class offered at Wakeland High School to have a full member position for the 2019 marching season.

I understand the responsibilities, academic requirements, time commitment and financial commitment for the 2019 Wakeland High School Marching Band and Color Guard. I have filled out the conflict sheet to the best of my ability. I will let Michael Alonso know by email of any changes or sudden conflicts that arise in a timely manner.

Student Signature

Date

Parent Commitment

I/We, _____, give my/our permission for my/our child to audition for the 2019 WHS Color Guard. We have read the following information completely: *2019 Color Guard Auditions, Color Guard Rehearsal Schedule, Important Fall Dates, Approved SAT/ACT Test Dates, Financial Information, Member Guidelines, Social Media Statement and Release.*

If my/our child is cast, I/We understand the financial obligations that I/we must fulfill (**\$672**). These items cover the uniform, screen-printed flags, weapons, copyright, meals, show design and designer fee's, competition entry, uniform cleaning, and administrative and social fee's. I/we understand that the amount of **\$672** does not cover additional items (Guard Jacket, Duffel Bag, Warm-Ups, Tank Top) or optional items (Dance paw, Gloves). I/we understand that removal, resignation, and ineligibility do not eliminate the financial obligations.

I/we understand that our child must ride school-approved transportation to football games and competitions.

I/we will support my/our child during the summer season and marching season.

Guardian Signature

Date

Do not forget to staple your 1st through 5th Six Week's Report Cards!

Wakeland High School Band - Frisco ISD
AUTHORIZATION TO SECURE EMERGENCY
MEDICAL TREATMENT OF MINOR STUDENT

Student Name: _____ Birthdate: _____
Date: _____ School: _____ Grade: _____
Address: _____ Home Ph.: _____
City: _____ Zip Code: _____

TO PARENT OR GUARDIAN: To serve your child in case of ACCIDENT or SUDDEN ILLNESS, please provide the following information:

Mother/Guardian: _____ Bus. Phone: _____
Father/Guardian: _____ Bus. Phone: _____

List two people who will assume temporary care of your child if you cannot be reached:

| | |
|-----------------|-----------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |
| Relation: _____ | Relation: _____ |

List any health conditions such as heart problems, diabetes, epilepsy, eye or ear problems, or any chronic condition:

List any allergies: _____

List any medications taken regularly:

Doctor: 1st Choice: _____ Phone: _____
2nd Choice: _____ Phone: _____

Dentist: _____ Phone: _____
Hospital: Choice: _____ Phone: _____

Medical Insurance Provider: _____
Policy No.: _____

Please initial ONE of these statements:

_____ I authorize immediate medical treatment for the above-named student.
_____ Contact this student's parent/guardian before seeking medical treatment.

Parent/Guardian Signature _____ *Date*