

Schedule of Activities

Clinic/Tryout Dates:

Color Guard Clinic/Audition

April 24, 2018 and April 25, 2018 from 5:30pm to 9:00pm.
(Clinics will be at Vista Murrieta High School in the Band Room.)
The audition will be on April 26, 2018 from 5:00-9:00pm.
Audition results will be posted on April 27, 2018 at 7:00pm on www.vmhsband.com

Required dress: Clothing that will allow freedom of movement such as shorts and t-shirt, socks and tennis shoes. Hair must be back off of the face and in a pony tail (if long enough). No jeans and no short shirts please.

IF NOT IN APPROPRIATE DRESS THE STUDENT WILL BE SENT HOME.

Parents Meetings;

PRELIMINARY MANDATORY PARENTS MEETING

April 24 or 25, 2018 (Vista Murrieta High School Theatre at 6:15pm.)

FINAL MANDATORY PARENT MEETING/REGISTRATION NIGHT

May 17, 2018 (Vista Murrieta High School Multi-purpose room at 6:30pm)
We will be discussing summer rehearsals, band camp, costume fitting, fees, etc. The color guard summer rehearsal calendar will be shared at this meeting.

REGULATIONS FOR TRYOUTS

1. The candidate must have a 2.0 G.P.A. for the 1st Semester and in their current classes. A copy of your semester report card is required, stapled to the application. **The application will not be considered if report card is not attached.**
2. The candidate must not have received more than 2 N's in citizenship or work habits during the school year (on their semester report card or current report card.)
3. This application must be accurately completed, signed by the parent and turned in at the audition day on April 26, 2018.
4. The candidate **must be in good health with no limitations concerning movement or participation in any Color Guard functions.**
5. The candidate must be able to attend all Color Guard functions such as summer rehearsals, football games, competitions clinics, extra civic functions, tours and extra shows and most important ALL AFTER SCHOOL REHEARSALS.
6. The candidate must be willing to follow the Vista Murrieta High School Marching Band and Color Guard code of conduct, rules and regulations.

(Attach picture here.)

YES! YOU ALL NEED ONE!

APPLICATION

Name _____

Address _____

Home Phone _____

Parents/Guardian's work phone;

Mother _____ Father _____

Parents/Guardian's name _____

Name and number to notify in case of emergency _____

Present grade (circle one) 8 9 10 11

Have you ever been with a performing group, or have you taken dance lessons. YES NO
(If yes who where and how long);

What other group or organizations do you belong to?

1. _____ 2. _____

3. _____ 4. _____

Height _____ Weight _____ Shirt size XS S M L XL Shorts Size XS S M L XL

Jazz Shoe size _____ Street Shoe Size _____

Along with your application please attach a snap shot, a copy of your fall semester report card, and 2 teacher recommendations!

My child _____ and I have read and understand the requirements for trying out for the
(Applicants signature)
Color Guard.

Parent signature _____ Date _____

*******Must be brought with you on April 26, 2018. No late applications accepted*******

2018-2019 Vista Murrieta High School Sapphires

TEACHERS EVALUATION

Please Evaluate _____ . This student has applied to be a member of the Vista
(Students Name)

Murrieta Color Guard. We would like to know about his/her behavior in class, general attitude and if this student would represent Vista Murrieta in a POSITIVE way.

Thank you for your time. _____
(Your name and position)

Please return this to Don Wade (Band Director) at Vista Murrieta High School (via district mail).

(cut here)

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Please return this to Don Wade (Band Director) at Vista Murrieta High School (via district mail).

Vista Murrieta High School Color Guard
Sapphires
Medical Release Form

Instructions: This form must be filled out and signed by the student's parent, or legal guardian. (Please print clearly or type.) This form gives licensed physician the parent's consent to treat a student in case of illness or injury. If the student requires medical attention, the parent, or legal guardian, will be notified by the Band Director, Color Guard Director, or member of the staff as soon as possible.

Student's Name _____ Age _____ Grade (in Sept. 2018-2019 school year) _____

Birth Date _____ Sex _____ Telephone Number(____) _____

Address _____
(Street) (City) (Zip)

Mother's Name _____ Telephone #(____) _____

Mother's Place of work _____ Telephone #(____) _____

Father's Name _____ Telephone # (____) _____

Father's Place of work _____ Telephone # (____) _____

Emergency contact (neighbor or relative) _____

Address _____ Telephone # (____) _____

Family Physician _____ Telephone # (____) _____

Address _____

Insurance company _____ Policy # _____

INSTRUCTIONS:

Please answer the following questions by checking the appropriate box.

| | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| Is the student under doctor's care now? If so, for what? _____ | () | () |
| Does the student have asthma or hay fever? If yes, when? _____ | () | () |
| Does the student wear glasses or contact lenses? | () | () |

(continued)

Yes No

Does the student have any hearing problems? () ()
If yes explain. _____

Has the student ever had any respiratory problems? () ()
If yes, explain _____

Does the student get short of breath? () ()

Has the student had rheumatic fever? () ()
If yes, when? _____

Is the student diabetic? () ()
If yes, what is the medication? _____

Is the student epileptic? () ()
If yes what is the medication? _____

Has the student ever had an operation? () ()
If yes what and when? _____

Is student allergic to bees, wasps or any insects () ()

Does the student have allergies? () ()
Is so, to what drugs (Penicillin, etc.) and/or
foods _____

Is the student's skin unusually sensitive to sunlight () ()

List any regularly taken medications taken by the student _____

Date of student's last tetanus shot _____

Does student have additional health problems which might require special attention during practice, or at an event held away from school? () ()
If yes, explain _____

Legal authorization for Emergency care and Disclaimer

I/We hereby certify that all of the above information is true. I/We, the undersigned, parent or legal guardian of the student named above, release the Murrieta Valley Unified School District and its employees (Staff) of any liability in the event the student is injured, or becomes ill at a practice, or on a trip with the Vista Murrieta Golden Alliance. I/We do hereby authorize and consent to the administration of any medical treatment deemed necessary by the attending physician.

Signature of Parent/Guardian

Date