

GAITHERSBURG HIGH SCHOOL POMS TRYOUT INFORMATION



2018-2019 SEASON

Dear Students and Parents:

Thank you for your interest in the Gaithersburg High School Pom Squad Program. The pom squad participates in all home football games, about 15 regular season home basketball games (girls and boys), playoff games, and three competitions in January/February. Poms also participate in the Gaithersburg Labor Day Parade, the Laytonsville Parade in May, various community activities, and fundraising events, such as Mini Pom Camp in November and carwashes. This is a two season sport, which runs from ***August 8, 2018 thru March 2019.***

We plan to participate in a Pom Dance Camp sometime in July. Although camp is not required it is strongly encouraged. Being a pom is a huge commitment. Poms practice 8-10 hours a week and are expected to attend all practices. During competition season, early December to mid-February, the practice schedule will intensify. This is a serious commitment that requires your regular attendance, active participation and most importantly, a positive and enthusiastic attitude.

Enclosed you will find the tryout schedule, supply list and various health and permission forms. Please carefully read all information and be sure to sign all attached forms. If you have any questions feel free to contact me, Coach Ashley at Ashley_C_Page@mcpsmd.org. Poms is a very exciting and rewarding experience and we look forward to seeing you at tryouts!

Sincerely,

Coach Ashley

Ashley Page, Head Coach, Gaithersburg H.S. Poms

Clinic/Tryout Number: _____

GAITHERSBURG HIGH SCHOOL POMS APPLICATION

Name: _____ ID # _____

Address: _____

Home Phone: _____ Cell Phone: _____

Your E-mail: _____

School currently attending: _____

Grade in Fall of 2018-2019: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Parent Cell Phone: _____

Parent Email: _____

List any other activities/sports/clubs you participate in during the school year.

MUST BRING THE FOLLOWING TO TRYOUTS!!!

_____ PERMISSION FORM (MUST BE SIGNED BY PARENT/GUARDIAN)

_____ COMPLETED PHYSICAL ON FILE WITH GHS Athletics and/or the Physical form with your physician's signature. **The GHS Wellness Center can do your physical exam and complete your physical form.

Pom Tryout Clinic Schedule

WHERE:

GYMNASIUM at GHS. Upon arriving to the gym, report to the designated area on the following dates:

WHEN:

Registration with Q&A: Thursday, May 31, 2018 5:00-7:00

(Gym Lobby* We can demonstrate & give pointers on how to execute certain moves that are expected at tryouts for those who inquire.)

Clinic: Tuesday, June 5, 2018 4:30-6:30

(learn 1st part of the routine + conditioning)

Clinic: Wednesday, June 6, 2018 4:30-6:30

(review 1st part and learn 2nd part of the routine + conditioning)

Clinic: Thursday, June 7, 2018 4:30-6:30

(conditioning + review dances)

Tryouts: Friday, June 8, 2016 4:30-6:30 (may go later)

** Saturday, June 9, 2018 Results of tryouts will be posted in the afternoon via Twitter through Coach Ashley's account, @pageGHSpoms or <https://twitter.com/pageGHSpoms>

***Monday, June 11th MANDATORY POM AND PARENTS MEETING at GHS at 6:30 pm. We will be meeting in room 1104 at GHS. Please enter the gym entrance, and walk past the main gym and continue straight, until you see classrooms. It will be on the left hand side. Expenses, rules, and dates will be discussed.



GAITHERSBURG HIGH SCHOOL

101 EDUCATION BLVD • GAITHERSBURG, MARYLAND 20877-2392
301-284-4545 • FAX: 301-284-4701

Dear Gaithersburg Parents and Student Athletes,

We are pleased to announce that registration for Fall Athletics will be done online! This will be a one stop shop for you to enter all of the information that is needed for your child to participate/tryout for a fall sport. Please read through the following information to help you through the process of registering your child. **The most important piece to this is that you have your myMCPS portal username and password! This information was sent to you, via the mail, by MCPS. If you did not receive your account information, please contact your counselor for access. The registration portal will open up on July 9th.**

Website: <https://portal.mcpsmd.org/public/>

1. There have been several slight changes to the forms from previous years that are reflected in the information within the online system, but the purpose switching to an online format was to combine the Parent Permission Form, Medical Card, Transportation Form, Concussion Forms, IMPACT Baseline Testing Forms, and Football/Wrestling/Pole Vaulting forms into ONE process that is done online.
2. Once you gather together the information listed on the back of this letter and you've reviewed the information required by MCPS, the entire process should take 15-20 minutes. When registering for additional seasons (Spring, Winter), the process should take even less time, because your personal information will be pre-populated into these fields for you to review and, if necessary, update.
3. If you begin the process and cannot complete it or get interrupted, any information that you have already entered will save and be available the next time you sign-in.
4. If you have entered information via the Parent Portal for the Emergency Card, that information should also pre-populate when you login. Therefore, you will simply have to review and update any of that information.

*One of the benefits of this system is that it can be done on any computer at any time. If you feel you need assistance or access to a computer, the Athletic Department will be hosting 2 different dates where computer lab #1118 will be open and available to our parents. We will have coaches and athletic department personnel on hand to help you register. Please review the back of this letter and come prepared with all necessary information before attending. The times for each session will be posted on the Gaithersburg Athletic website and on our Twitter account @Gburgathletics

Session #1 – August TBD / Session #2 - August TBD

All information should be entered by **Monday, August 6th** in order to tryout on the 8th. Please don't hesitate to contact our office with any questions you may have.

Sincerely,

Jason D. Woodward, CMAA
Athletic Director

Expectations and Permission Form

- It is an honor and privilege to be on the GHS Pom Squad. As such, it will require a huge time commitment on the part of your child. Specific team rules and polices have been established that state there are high expectations for behavior and effort if you are a member of the squad.
- Practice begins in August and will continue through February. The squad performs at all home football games (Fridays or Saturdays) and at home basketball games (weeknights) and/or playoff games as needed. There are also many community events that the Poms do with the GHS Band.
- Competitions take place in January and February, which is during basketball season. Practices become more intense and may increase in length. There may be times that additional practices are held.
- **Attendance is mandatory at all practices and performances.** Please consider this commitment! Your attendance will impact the entire squad. Appointments, other activities, and jobs should be scheduled around practices. **Transportation to and from practices is your responsibility. Please be respectful of your coach's time. She cannot leave until everyone is picked up.**
- All members of the squad will need to maintain a GPA of 2.0 or higher to participate on the Pom squad. There will be high expectations, as a majority of the Poms are on the Honor Roll or are straight-A students.
- If my daughter/son is selected, I WILL be able to attend the MANDATORY meeting on June 11, 2018.
- At the meeting on Monday, June 11th, we will discuss fees. We want all girls to be able to participate, so if there is a hardship, please let Coach Ashley know. We will work with you.

I have read the above information and understand the time commitment involved in becoming a member of the GHS Pom Squad. I also understand and agree to the academic requirements set forth by MCPS about student participation. Further, I understand and agree to the financial commitment involved with Poms.

I give my daughter/son, _____,
permission to try out to become a member of the GHS Pom Squad.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

SUGGESTIONS FOR TRYOUTS

We strongly recommend that all participants comply with the following:

Do:

- Arrive in the gym NO LATER than 4:15pm on Tuesday, June 5, to turn in paperwork (if not already handed in at pre-registration). We will begin promptly at 4:30 pm so that we can properly warm-up. You must be present at warm-ups.
- Wear athletic or dance shorts and a white tee shirt with no logo with athletic and/or dance shoes. We will be doing conditioning at the clinics so you will need running shoes.
- Wear your number pinned to your shirts so that it is visible.
- Plan to stay until 6:30 P.M.
- Wear your hair pulled back in a ponytail or braid.
- Bring a note from a parent if you must leave early or were absent on the previous day.
- Bring your forms. If you forget them on the first day, there will be a deduction from your overall tryout score and you will NOT be able to participate in tryouts until your forms are turned in.
- Plan on attending ALL scheduled days. This will be imperative in order to gain complete knowledge of activities, tryout procedures, and general information.
- Come ready to learn with a positive attitude!!!

DO NOT:

- Wear or bring jewelry of any kind. No rings, necklaces, earrings, bracelets, anklets, nose rings, tongue rings, watches or belly rings.
- Any of the following will result in point deductions:
 - Forget forms on the 1st day of tryouts. You will not be allowed to participate until your forms are turned in.
 - Forget assigned number
 - Be late for tryouts
 - Come improperly dressed
 - Display unsportsmanlike conduct/attitude
 - Miss tryouts without a written excuse

What to Expect at Tryouts

You will participate in daily warm ups, running & conditioning.

You will be taught a 1 minute routine at the 1st clinic.

- 4 counts of 8: POM choreography
-Technical elements: Toe touch/Russian, tilt kick
- 4 counts of 8: JAZZ choreography
-Technical elements: Calypso, fan kick, double pirouette
- 4 counts of 8: HIP HOP choreography
- 2 counts of 8: KICK LINE
- 2 counts of 8: YOUR OWN choreography

You will learn how to execute the technical elements listed on the final page of this packet. You will be given time to practice these items in groups. If you are unfamiliar with something, look it up on Youtube before tryouts!

The 2nd and 3rd clinics will involve a lot of review and practicing the routine with the music.

On the 4th day, you will audition in front of a panel of judges in small groups (usually groups of 3). You will first perform the 1 minute routine. Then the coach will call out the technical elements to be demonstrated individually. A "mock tryout" demonstration will be given on day 3.

Pom Tryout Score Sheet- Adapted from the MCPS Competition Captains Scoring Rubric

Judge #: _____

Tryout #: _____

Range of Scores Key:

9-10 Proficient (Elements met all of the time); 7-8 Good (Elements met most of the time); 5-6 Average (Elements are met some of the time); 3-4 Fair (Elements are seldom met); 1-2 Poor (Elements are rarely met)

Knowledge of Choreography: proper sequence of movement; rhythmic control and accuracy, free of mistakes

Execution: proper body placement; controlled movements; clarity of motions

Dance Technique: proper fundamental technique (pointed toes, passe, releve, spotting, straight legs); proper body alignment and control; correlation of technique to genre of dance

Timing-executes moves at the correct time and on beat with the music

Endurance-able to complete the routine without exhaustion

Presentation and Performance: confidence, performance quality, smiling and facials

	Proficient		Good		Average		Fair		Poor	
Knowledge of Choreo.	10	9	8	7	6	5	4	3	2	1
Execution	10	9	8	7	6	5	4	3	2	1
Dance Technique	10	9	8	7	6	5	4	3	2	1
Timing	10	9	8	7	6	5	4	3	2	1
Endurance	10	9	8	7	6	5	4	3	2	1
Presentation/Performance	10	9	8	7	6	5	4	3	2	1

Total Points: _____/60

Judge's Comments:

Coach's Comments:

Clinic Conditioning: Does this dancer have the endurance and athletic ability for a 6 minute competition routine?

Yes

No

Smiling & facials when the tryout music plays during clinics: Yes

No

1 Point Deductions for the following during clinics: tardiness, bad attitude, not giving effort, too much talking/not listening to instruction

TECHNICAL ELEMENTS	Executes Well	Good But Not There Yet	Needs a Lot of Work	Did Not Attempt
Left Splits	3	2	1	0
Right Splits	3	2	1	0
Left Heel Stretch	3	2	1	0
Right Heel Stretch	3	2	1	0
Russian or Double Russian	3	2	1	0
Leap	3	2	1	0
Switch Leap	3	2	1	0
Double or Triple Turn	3	2	1	0
Fouette Turns	3	2	1	0
Calypso	3	2	1	0
Firebird	3	2	1	0
Tilt Jump	3	2	1	0
Tilt Standing	3	2	1	0
C Jump	3	2	1	0
Turning C Jump	1	0.5	0	0
Leg Hold Turn	1	0.5	0	0
Scorpion	1	0.5	0	0
Flying Disc	1	0.5	0	0
Illusion	1	0.5	0	0

Total: ____/42

Bonus: ____/5

*For scoring of fouette turns: One point for each complete rotation with a maximum of 3 turns. Can be a la seconde turns (open leg). Bold rows are required items & are added to the total score. Anything executed from the bottom 5 rows are optional bonus points.

PRE-PARTICIPATION PHYSICAL EVALUATION FOR ATHLETICS

To Parents or Guardians:

Students enrolled in grades 9-12 must have an annual pre-participation physical evaluation in order to participate in Montgomery County Public Schools (MCPS) interscholastic athletics and school conditioning programs. Students enrolled in grades 7-8 must have a medical evaluation every two years to participate in the MCPS middle school interscholastic athletics program.

The medical evaluation shall be performed by a licensed physician, a certified nurse practitioner, or a certified physician assistant under the supervision of a licensed physician.

The pre-participation physical evaluation consists of four parts: History Form (page 1), Supplemental History Form for Athletes with Special Needs (page 2), Physical Examination Form (page 3), and Clearance Form (page 4).

The student must turn in only the last page (CLEARANCE FORM—page 4) to the school or coach prior to participation. The physician should retain the first three pages.

When a student-athlete has experienced a significant injury, illness, or surgery after submitting the annual pre-participation physical evaluation, a clearance letter from a physician, nurse practitioner, or certified physician assistant under the supervision of a licensed physician is required to resume participation.

The health information submitted to the school will be available only to those health and education personnel who have a legitimate educational interest in your child.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> • Pupils equal • Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> • Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin <ul style="list-style-type: none"> • HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> • Duck-walk, single leg hop 		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician/nurse practitioner (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician/nurse practitioner _____ Title _____

EMERGENCY INFORMATION

Allergies _____

Other information _____
