

**LEADERSHIP CONSERVATORY**  
**FOR THE ARTS**

*Palm Harbor M.G.*

Colorguard and Dance Team

**2019-2020**

**COLORGUARD AND DANCE TEAM  
INFORMATION PACKET**

**For more information email:**  
[Jeannine@inspiremusic.com](mailto:Jeannine@inspiremusic.com)

## OBJECTIVE:

The Color Guard after school programs curriculum would combine dance, drama, and performance skills all while using various pieces of equipment. At the high school level, The Color Guard is an integral part of our Bands of America National Champion Marching Band and in the winter and spring seasons, the color guard students perform in a number of dance recitals as well as perform in our Scholastic World Guard, the 2014 and 2016 WGI Scholastic World Class Champions. Color Guard is one of the most popular activities in the high school curriculum at the Conservatory. However, many middle school students are unaware of this activity and the many benefits it can provide to them. Being in a Color Guard program emphasis's important life skills such as: teamwork, commitment to excellence, leadership and work ethic.

## Class Schedule:

4:15-4:30 Stretch and learn basic/intermediate dance strengthening exercises

4:30-4:50 Learn Warm up Routine

4:50-5:15 Across the floors

5:15-5:25 Learn a Dance Combination

5:25-5:40 Learn Flag Basics

5:40-5:45 Announcements and Dismissal

\*\*\*If time allows, we would like to show a dance piece and a color guard production at each rehearsal. This will allow the students the opportunity to see the various performance qualities each art form has as well as open the students eyes to what

## First 8 Weeks:

Learn ballet positions, basic jumps and leaps, modern and ballet interpretations, jazz run, flutter run

Learn basic flag technique (Drop Spins, Peggy Spins, crazy eights, toss sequences)

Learn Routine to music

## Second 8 Weeks

Prep for recital

Set Piece

Learn dance choreography

Write equipment book

Each Class Leadership based Class: Learn importance of Team work, Self Worth, Responsibility as an artist, various PERFORMANCE techniques and styles.

After rehearsal, Pick up area will be at the back of the school, In the car loop.

# WHAT IS COLORGUARD :

Color Guard is a combination of the use of flags, sabers, mock rifles, and other equipment, as well as dance and other interpretive movement. Winter color guards can be found in high schools, middle schools, universities, and other independent organizations, some of which are related to drum corps.

There are two levels of classification: Independent and Scholastic. Independent groups are self-organized and funded, sometimes they are an extension of a college program. Scholastic ensembles are programs that compete on behalf of their school. For both Independent and Scholastic classes, WGI offers competitive divisions of A Class, Open Class and World Class. This will allow ensembles to compete and be compared with other groups at a similar skill level. Ensembles in A Class use a beginners skill set, Open Class has an intermediate skill set and World Class an advanced skill set. The Independent World Class has no age limit.

Founded in 1977, WGI Sport of the Arts has grown to include nearly 1,000 color guards competing with WGI. Winter Guard now exists in Africa, Belgium, Canada, England, Germany, Holland, Indonesia, Ireland, Japan, Korea, Malaysia, and Thailand and the United States.

The WGI competitive season begins in February and finishes in April at the Color Guard World Championships

## *Links for you to View*

<https://youtu.be/KYImBwPRIZs>

<https://youtu.be/nd32Qzn6kHw>

<https://youtu.be/FsFEpyF09xw>

<https://youtu.be/hHCjdpJWJzc>

<https://youtu.be/7FJqC72IeHE>

<https://youtu.be/eIPYaUd3ERI>

<https://youtu.be/s8DwSXaAw5g>

[https://youtu.be/\\_2YhXg9je2Q](https://youtu.be/_2YhXg9je2Q)

**REHEARSAL WILL BE HELD ON MONDAY'S FROM 4:15-5:45**

**PLEASE BRING A SMALL SNACK AND WATER FOR AFTER SCHOOL**

**QUALITIES OF LEADERSHIP TEAM MEMBER?**

1. Willingness to work towards a goal.
2. Be a Team Player
3. Growth Mindset
4. Consistent Attendance
5. Ability to work on a long term goal/Routine
6. You want to be a part of something artistic, creative and want an opportunity to perform.

**Small Monthly Fee:**

1 Practice Flag Pole and 1 Practice Flag Silk, show silk, member shirt.

Our fees this year are **\$50** for the season.

**WHAT TO WEAR TO REHEARSAL**

Choose from the several options listed below:

1. Sports bra with leotard, shorts/capris, nude tights or leggings.
2. Sports bra with leotard, jazz pants.
3. Tank/t-shirt, jazz pants.
4. Tank/t-shirt, shorts/capris, nude tights or leggings.

**\*Please try to have NO writing on your clothing, we want to look as much like a professional dance team as possible. Also, clothes want to be form fitting (no baggy shirts or pants) as we will work on leg lines and making sure we can see which way our hips, knees, and feet are facing.**

**\*\*\*\*You will wear this attire (all black) every practice\*\*\*\***



# ✓ TO BE ABLE TO FIRST PRACTICE CHECKLIST ✓

1.  You purchased the **School Sports Insurance** (Available as low as \$5) <http://www.k12studentinsurance.com/>
2.  You printed out your receipt and/or email with confirmation of purchase. You may **FWD your proof of purchase to jeannine@inspiremusic.com** bring to the first day of auditions.
3.  You completed a recent **Sports Physical**. You cannot tryout without your Sports Physical, Proof of School Board mandated Sports Insurance and Athletic Participation Form (see below) For a cheap alternative, walk in clinics offer Sports Physicals for \$25-\$45. CVS also offers sports physicals at their Minute Clinics. If you do not think your Doctors office will have a form- you may download the Florida High School Athletic Association official Sports Physical form [https://www.fhsaa.org/sites/default/files/el02\\_physical\\_2\\_0.pdf](https://www.fhsaa.org/sites/default/files/el02_physical_2_0.pdf)
4.  You have a copy of your Sports Physical to turn in at auditions. Must be recent & **DUE Day 1 of practice**
5.  You have your completed **Athletic Participation Form** (see below)
6.  You **AND** your parent/guardian have **read the information** and agree that you can
7.  Your parent/guardian has filled out the **basic info sheet**

**THIS FORM IS DUE BY January 13th**

# PHMS Colorguard Dance Team 2019-2020 PARTICIPATION AGREEMENT

Student's Name: \_\_\_\_\_

I have read the attached information and agree to the following:

1. Attend all practices and performances if chosen for the after school program
2. Keep my grades at least a C average or above.
3. Have positive behavior in ALL my classes.
4. Bring a copy of a current physical to first practice along with the Athletic Participation form.
5. Bring a copy of proof of the School Insurance purchase.
6. Disciplinary Infractions will not be tolerated.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**THIS FORM IS DUE BY January 13th**

# PHMS WINTERGUARD/COLORGUARD INFORMATION FORM

*Please write legibly (especially email addresses)*

Student's Name:

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Student's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Sex:  F  M

Student's Email Address:

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Student's Cell Phone Number: \_\_\_\_\_ Parent's Cell Phone #:

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Home Phone Number: \_\_\_\_\_ Work Phone Number:

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Address:

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City: \_\_\_\_\_ FL, Zip:

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Parent's Name(s):

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Parent's Email(s):

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Student's Email:

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Prior Dance/Gymnastics/Performing Experience: (not required, but please list if you do have any)

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Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone Number:

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Second Emergency Contact: \_\_\_\_\_ Relationship:

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Phone Number: \_\_\_\_\_ Other Phone Number:

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I have no known allergies.  I have an allergy to the following food(s):

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I'm allergic to the following medication and/or substance(s):

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I have the following chronic health condition(s):

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I take the following medication\*:

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\*Staff will NOT administer medication, except in an emergency, unless we have explicit permission from parents.

## ADDITIONAL QUESTIONS

Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> In Dance Class at PHMS | <input type="checkbox"/> In Chorus at PHMS     |
| <input type="checkbox"/> In Band at PHMS        | <input type="checkbox"/> In Show Choir at PHMS |
| <input type="checkbox"/> In Orchestra at PHMS   |  |

List any after school **extra-curricular activities** with the days of the week/time you attend:

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Check if your Sports Physical is **in the Office** (i.e. you went to Volleyball try-outs)   
Check if your School Insurance Proof of Purchase is **in the Office?**

**THIS FORM IS DUE BY January 13th**





PINELLAS COUNTY SCHOOLS  
MIDDLE SCHOOL ACTIVITIES PARTICIPATION FORM

HOME EDUCATED STUDENTS MUST BE ASSIGNED TO A SCHOOL THROUGH A FEIC, AND SHOW PROOF OF IMMUNIZATION

\*\*\*\*\*NOTICE\*\*\*\*\*

Participation in competitive athletics, including cheerleading, may result in severe injury, including paralysis, or even death! Improvements in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

Parents or Guardians Must Complete This Section

Student Information: _____			
Special Programs	NAME AS IT APPEARS ON BIRTH CERTIFICATE	GENDER	GRADE
DATE OF BIRTH _____			
Are you an Administrative Transfer (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Special Attendance Permit (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Residence of Parents or Legal Guardian: _____ since _____			
Street Address		City	Month Day Year
Residence (if Different from Parent(s) or Legal Guardian _____			
Street Address		City	
Lived at this address since: _____			
Month		Day	Year
Name(s) and Relationship of Person(s) you Live with if other than parent(s) or legal guardian: _____			
Insurance	Students participating in voluntary extracurricular athletics and activities, as defined by Pinellas County School Board Policy 8760, must purchase the Mandatory Student Accident Insurance made available by the School District. Purchase of a student accident insurance policy for football covers football and all other sports and activities requiring mandatory student accident insurance. Purchase of a (non-football) student accident insurance policy covers all (non-football) school related sports and activities requiring mandatory student accident insurance. Insurance may be purchased on-line at www.pcsb.org under the quick link for student accident insurance. Note: This is excess insurance. It is provided to cover some of the out-of-pocket expenses associated with accidents. It is not intended to replace your primary medical insurance. Any other medical insurance policy will be expected to pay before this excess student accident insurance policy.		
	Date Purchased _____		
<b>EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION</b>			
I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student listed on this form in the course of athletic activities or travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for the above named student.			
1) Allergies and/or special medical problems (list medications carried by student): _____			
2) Date of last Tetanus shot _____ 3) Family Physician _____ Phone _____			
Please attach Physical Evaluation Form and any pertinent medical conditions.			
<b>Student Participation Permission</b>			
<b>*****PARTICIPATION IN COMPETITIVE ATHLETICS CAN RESULT IN SERIOUS INJURY EVEN DEATH. *****</b>			
I hereby give my consent for the above named student to represent his/her school in school sponsored athletics and activities. I understand the potential risks and that severe injury, including paralysis, or even death may occur. I hereby agree to waive, release and discharge the School and the Pinellas County School Board from any and all liability for any injury or illness of the above named student (s), including death, or for claims of any nature which may result from participating in voluntary school sponsored extracurricular athletics. I agree to indemnify and hold harmless the School and the Pinellas County School Board from claims of any nature including costs, expenses and fees arising out of or as a result of the participant's actions during this activity. This permission includes team travel for local or out-of-town trips.			
STATEMENT:	I do hereby certify that I have read both sides of this form and understand the rules contained herein, and that the information supplied is true and accurate to the best of my knowledge. I understand that this student must continue to reside with me to maintain eligibility. I accept the responsibility to inform the school of any future change of this information.		
School Attended last year: _____			
Student's Signature _____			
Signature of Parent/ Guardian _____	Home/work phone _____	Date _____	Relationship to the Student _____
Signature of Parent/ Guardian _____	Home/work phone _____	Date _____	Relationship to the Student _____
If only one Parent/Guardian signature above, explain reason: _____			
<b>Physical Examination (to be completed by physician).</b> Physical evaluation must be documented on a form provided by the physician or the FHSAA.			

***Please read both pages of this form before returning it to your school or coach.***

Page 2 info can be read at the following link. Only this page needs to be signed. Saving Trees 😊 <https://www.pcsb.org/cms/lib/FL01903687/Centricity/domain/176/pcs%20forms/4-1891-B.pdf>

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