Welcome - I am excited that you have chosen to tryout for the Clemson University Rally Cats Dance Team! This packet of information will provide necessary required forms, answer your questions, and provide detailed information about team expectations and requirements, and what to expect at tryout weekend. There is a lot of information in the following pages - so please read carefully and if you have any questions, please don't hesitate to reach out to me. I have attached a checklist at the bottom of this page for your easy reference and to help make sure that you have seen/turned in all necessary paperwork. It is very important that you follow all deadlines to ensure a positive and successful tryout experience. I can't wait to CU soon!

Go Tigers!

Coach Eryn Lee
843-513-3864
erynl@clemson.edu

TRYOUT FORMS / TRYOUT INFORMATION CHECKLIST

- ☐ **Online Application & Headshot**
- ☐ **Tryout Medical Forms**
- ☐ **Current Physical Form**
- ☐ **Sickle Cell Test Results**
- ☐ **Proof of Medical Insurance**
- ☐ **Verification of CU Enrollment**

- ☐ **Rally Cats Team Requirements/Expectations**
- ☐ **General Tryout Information**
- ☐ **Tryout Weekend Detailed Schedule**
- ☐ **Technical Skills Information Sheet**
- ☐ **Rally Cat Prep Clinic Information**

SPORTS MEDICINE

MEDICAL LIABILITY WAIVER FOR TRY-OUTS

STUDENT-ATHLETE INFORMATION		
Student-Athlete's Name (last, first, middle)		Date of Birth
CUID#	SSN	Sport(s)

- I hereby desire to try out for the Clemson University Intercollegiate Team that will start workouts on _____. This includes all practices, workouts, conditioning, games, drills and strength training that the team participates in.

- **I fully understand that prior to trying-out, I must provide the following**:

  - A pre-participation physical examination completed within **six (6) months** of the tryout. The physical must clear the prospective student athlete to participate in athletics and must be performed by a licensed physician. For those prospective student athletes already enrolled at Clemson University a pre-participation physical examination can be obtained at Redfern Health Center.

  - Results of a blood test for sickle cell trait and sickle cell disease. Some people will have had this test performed at birth, so the results of the test will need to be obtained and presented at the time of the tryout. Those unable to obtain these records will need to have the test performed prior to the tryout. To obtain a test consult your local physician or heath department. Prospective student athletes already enrolled at Clemson University can be tested for sickle cell at Redfern Health Center. **RESULTS OF THE TEST CAN TAKE UP TO 48 HOURS TO COME BACK SO PLAN AHEAD.**

  - Proof of valid health insurance. A valid insurance card or front and back copy of a valid insurance card must be presented at the time of the tryout. HMOs will not be accepted. If it is discovered post-tryout that the proof of insurance provided is not valid, you will not be allowed to participate in any athletic activity until proper health coverage is obtained.

- I fully understand and accept that neither Clemson University nor any of its employees can assume responsibility for any injuries that I may receive as a result of trying out for a team, or conditions arising from a pre-existing injury or condition (before coming to Clemson).

- If I am selected to join the team, I will receive a physical examination and complete the Clemson University Athletic Department Sports Medicine Forms (including health history and insurance information) for review and clearance to participate.

- I know of no physical ailments, injuries, or conditions that would restrict my participation in the Clemson University intercollegiate athletic program.

_____ _____

Signature of Student-Athlete *Date*

*Capacity of Legal Representative**
*(if applicable):*_____

**May be requested to provide verification of representative status*

Print Full Name of Parent / Guardian
*or Legal Representative**

Signature of Parent / Guardian *Date*
*or Legal Representative**
(if student-athlete is under 18 years of age)

DATE OF LAST PHYSICAL: _____

SPORTS MEDICINE

TRYOUT MEDICAL HISTORY

STUDENT-ATHLETE INFORMATION

Student-Athlete's Name (last, first, middle)			Date of Birth
CUID#	Academic Year (i.e. 2015-16)	Sport(s)	
Position:	☐ *Freshmen* ☐ *Sophomore* ☐ *Junior* ☐ *Senior* ☐ *5th Year*		
Permanent Address	City	State	Zip Code
Clemson Address	City	State	Zip Code
Home Phone Number ( )	Mobile Phone Number ( )		

IN CASE OF EMERGENCY

Name	Relationship	Home Phone	Mobile Phone

MEDICAL HISTORY

Are you currently experiencing any medical problems, illnesses, or injuries?	Yes ☐ No ☐
If yes, explain:	
Have you ever experienced a concussion or fainting episode ("passed out")?	Yes ☐ No ☐
If yes, explain:	
Have you ever had any diagnostic imaging (MRI, X-Ray, CT, Etc.), required surgery or been hospitalized overnight for any reason?	Yes ☐ No ☐
If yes, explain:	
Have you ever had a change in weight (gain or loss) of more than 15 pounds?	Yes ☐ No ☐
If yes, explain:	
Have you ever been diagnosed with a heart or cardiac condition? Have you ever had an echocardiogram?	Yes ☐ No ☐
If yes, explain:	
Are you currently taking any medications (prescriptions, over-the-counter, herbs, vitamins, or Supplements)?	Yes ☐ No ☐
If yes, explain:	
Do you have any other medical problems you would like to report prior to your tryout?	Yes ☐ No ☐
If yes, explain:	
Do you have any concerns that you would like to discuss with the athletic trainer prior to the tryout?	Yes ☐ No ☐

By signing this document, I am acknowledging that I have answered all questions truthfully. In addition by signing this document, I pledge to answer truthfully and completely all information relative to FUTURE injury and illness that may occur during the upcoming year.

Signature of Student-Athlete *Date*

Signature of Clemson University Athletic Trainer *Date*

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
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
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)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
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)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
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 _____

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. 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?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height Weight ☐ Male ☐ Female		
BP / (/) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • 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 • Duck-walk, single leg hop		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]Consider 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

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

SPORTS MEDICINE

SICKLE CELL TESTING INFORMATION FOR TRY-OUTS

The following information has been provided from the "NCAA Fact Sheet for Student-Athletes regarding Sickle Cell". For more information and resources, visit www.NCAA.org/health-safety.

Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait is a life-long condition that will not change over time and will not turn into the disease. During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon or "sickle". Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles. During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died. Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense. Athletes with sickle cell trait should not be excluded from participation as precautions can be put into place. Sickle cell trait occurs in about 8% of the U.S. African-American population, and between one in 2,000 to one in 10,000 in the Caucasian population. Though sickle cell trait can occur in any ethnic group, studies show that it has a low incidence rate in persons with northern European ancestry and a slightly higher incidence rate in persons with Middle-Eastern and East Asian Indian ancestry

A majority of States in the U.S. test at birth, but most athletes with sickle cell trait do not know they have it.

I am aware that participation in an on-campus evaluation to be a potential student-athlete in intercollegiate athletics at Clemson University involves the risk of personal injury. I am also aware that if I have sickle-cell trait, I am at an increased risk for serious illness or injury, including death - especially during physical exertion. I understand that, in order to participate in such evaluation, the NCAA and Clemson University require that **EVERY** student-athlete be tested for sickle-cell trait and show the results of a prior test.

SICKLE CELL TRAIT TESTING

- Clemson University requires that all student-athletes confirm their sickle cell trait status prior to participation in any intercollegiate athlete activity.
- Athletes who are positive for the trait will be allowed to participate in intercollegiate athletics; this does NOT prohibit you from playing.

PLEASE CHECK ONE OF THE FOLLOWING. INCLUDE ANY DOCUMENTATION:

☐ Copy of athlete's newborn sickle cell testing *Date:* _____

Most states require testing at birth, check with your hospital or pediatrician

☐ Copy of recent sickle cell screening test *Date:* _____

Cost of testing is the responsibility of the athlete

TEAM EXPECTATIONS & REQUIREMENTS

The Clemson University Rally Cats are the official dance team for the Clemson University Athletic Department. The coaching staff is dedicated to selecting and training dancers who will represent CU both as an Ambassador and a Representative, at all times. As a team member, you will receive privileges and resources reserved only for student-athletes. All dance team members are required to represent the University in a positive and respectful way at all times and any violation of team or University expectations/rules will result in termination from the team, at any time, at the Coach's discretion.

ELIGIBILITY

All team members must be full time students (at least 12 credit hours) at Clemson University beginning in the fall of 2020 and maintain this throughout the year. All team members must maintain a cumulative GPA of 2.0 or higher.

TIME COMMITMENT

The time commitment to be apart of the CU Rally Cats Team is fairly extensive. The on-campus season runs from late July through April. There will be additional individual required activities or assignments to complete in the summer months that will not be required to do on-campus. The dance team participates annually in the NDA Collegiate Dance Team Nationals. This is an optional, but highly suggested, option for team members. Dancers will receive more information about this additional performance option once they arrive on campus in the late summer.

Commitments and responsibilities of the team include, but are not limited to:

- Attend Pre-Season Camp & Practices beginning in late July/early August.
- An average of 3-4 scheduled practices weekly
- All scheduled strength and conditioning workouts
- Attend all assigned home football games, Men's/Women's basketball games, various other home sporting events and activities throughout the community as assigned.
- Attend all Jr. Rally Cat and Prep Clinics as assigned to help promote the Rally Cat Organization.
- Holiday Breaks - All team members will be required to perform in various events throughout Thanksgiving Break, Winter Break, and Spring Break as assigned. Every effort is made to accommodate for adequate time to be with family or experience vacations throughout those times as well.

TEAM MEMBER COST

Clemson University Athletic Department supports and fully funds the Rally Cats Dance Team for the season. There is a stipend allotted to team members each year that meet requirements and all main uniform components are provided for use. Personal disposable products - makeup, hair products, tights, etc - are not provided by the University and are the responsibility of each member to maintain and provide as needed.

GENERAL TRYOUT INFORMATION

1. **DATE:** Friday, April 16 through Sunday, April 18, 2020
2. **LOCATION:** Jervey Gymnasium – 310 Perimeter Rd. Clemson, SC 29631
3. **ELIGIBILTY TO TRYOUT:**
   - **Incoming Freshman/Transfer Students:** Provide Proof of Acceptance to CU
     - If you are placed on the waiting list, you may tryout pending your acceptance.
   - **Current CU Students:** You must have a cumulative GPA of 2.0 or higher and be free from any disciplinary or academic probation to tryout.
4. **TRYOUT FORMS REQUIRED:**
   - Online Rally Cat Tryout Application, Headshot Photo – Due Monday, April 13, 2020
   - Medical Release Form
   - Copy of Current Physical (within the last 6 months)
   - Copy of Sick Cell Test Results (NCAA requirement)
   - Proof of Medical Insurance – copy of card (front & back is preferred)
   - Verification of CU Enrollment
     - Current CU Students – Unofficial Transcript
     - Incoming Students – CU Acceptance Letter
5. **FORM DEADLINES:**
   1. Online Rally Cat Tryout Application & Headshot Photo, are due by *Monday, April 13*.
   2. All additional forms are due no later than *check-in on the first day of auditions*. Do not wait to turn them in – if you have them, please send them in asap. No applicant will be able to audition without all the necessary forms turned in prior to Round 1 Auditions beginning.
6. **VIDEO TRYOUTS:**
   1. Video Tryouts will be allowed only due to extenuating circumstances, and a case by case basis. Contact Coach for approval **prior** to April 13, 2020. *No video tryouts will be accepted after this date under any circumstances.*
7. **TRYOUT ATTIRE:**
   1. Friday: Black crop top & Black Bottoms (leggings/pants/spandex), Jazz shoes, Sneakers
   2. Saturday: Purple, Orange, or White Crop Top, Black Bottoms, Jazz shoes, Sneakers
   3. Sunday: Interview is Business Casual (Clemson colors highly suggested), Orange, Purple, or White Crop Top, Black Bottoms, Jazz shoes, Sneakers, Sweat Pants/Hip Hop Pants are able to be worn for HH Evaluation if desired.
   4. Gameday Hair and Makeup for all Tryout Rounds is *highly suggested*.
8. **TRYOUT TIPS/FAQs:**
   1. All dancers will need to know our signature "Tiger Rag". If you do not know it then you will need to come to a prep clinic, or you can find videos online. We will not "teach" it the first day of tryouts, just review it and answer any questions.
   2. Previous dance training is not mandatory, but is *highly suggested* to ensure a successful tryout experience. Please review the "Tryout Technical Skills" page and make sure that you are familiar with all the skills that will be performed at auditions. Contact Coach with any questions, or for any clarifications.
   3. Tryouts are closed to the public.
   4. Be familiar with Clemson University – traditions, important history, etc.
   5. Dancers are scored on Technique, Performance Execution, Overall Collegiate Presentation, Interview and Communication Skills, and more. A sample scoresheet will be emailed to dancers when applications are received.
   6. The tryouts are judged by a panel of 3-5 qualified dance and marketing professionals. **All Judges/Coaches tryout decisions are final.**
   7. Bring necessary food and snacks to ensure appropriate nutrition and to maintain energy levels throughout the tryout process. There are meal breaks, but plan for personal dietary needs accordingly.
   8. Tryouts are expected to run on-time, however there can be unforeseen circumstances that may cause a delay in the schedule. If you have air travel time requirements please let us know at check in so that we are aware in the event we have any delays.

TRYOUT WEEKEND – DETAILED SCHEDULE

TRYOUT DAY 1: Friday, April 16, 2020

- 3:00-3:30 pm: Check In, verify paperwork *(all paperwork must be turned in at this point!)*
- 3:30-4:00 pm: Welcome, Audition Meeting, Rally Cat Program Overview/Expectation Review
- 4:00-5:30 pm: Warm Up & Technical Skill Review
- 5:30-6:00 pm: Tiger Rag Review
- 6:00-7:30 pm: Pom & Jazz Choreography

TRYOUT DAY 2: Saturday, April 17, 2020

- 7:00 am: Check In, Receive Audition Number Assignment, Audition Headshots Taken, & Open Stretch/Warm Up
- 8:00 am-12 pm: Audition Round 1
    - Technical Skills
        - Please see "Audition Technical Skills" sheet for more detailed information
    - Tiger Rag Assessment
- 12:00-1:20 pm: Lunch Break / Audition Round 1 Results emailed
- 1:20-1:30 pm: Pom/Jazz Choreography Review
- 1:30-4:30 pm: Audition Round 2
    - Pom & Jazz Choreography Assessment
- 4:30-5:00 pm: Call backs as needed
- 5:00-6:00 pm: Dinner Break / Audition Round 2 Results Emailed
- 6:00-7:25 pm: Hip Hop Choreography
- 7:25-7:30 pm: Round 3 Interview Times Assigned/Audition Day 3 Format Review

TRYOUT DAY 3: Sunday, April 18, 2020

- 7:00-11:00 am: Individual Interviews (5 minutes each)
- 11:30-11:45 am: Hip Hop Choreography Review
- 11:45 am-12:45 pm: Hip Hop Choreography Assessment
- 12:45-1:15 pm: Finalists Lunch Break
- 1:15-2:30 pm: Final Audition Assessment
    - Tiger Rag, Any Final Call Backs, Skill Assessments, etc.
- 2:15-4:00 pm: Final Tabulations / Final Results will be emailed
- 4:30-5:00 pm: First Team Meeting (location/information will be in final results email)

AUDITION TECHNICAL SKILLS

- **TURNS:** Triple/Quadruple Pirouettes, Fouette/A la Seconde Turns & variations, Battement Pirouette (also known as needle turns, leg hold turns, etc.),
- **LEAPS/JUMPS:** Grande Jete, Leap a la Seconde, Turning Disk, Reverse Jete, Switch Jete, Switch Tilt/Pitch, Turning Switch Leap, Calypso, Firebird, Ring Leap, Barrel, Toe Touch, etc.
- **FLEXIBILITY EXTENSIONS:** Grand Battement – all directions, Sustained Developpe/Leg Holds,
- **ADDITIONAL SKILLS/TRICKS:** Kip-ups, Headsprings, Aerials, and Acro Skills (front/back walkovers, Aerial Front, etc.)

Technical Skills Audition Additional Info

FRIDAY - *not judged*

The Technical Skills review on Friday will be run in a master class format. Dancers will go across the floor in small groups. The skills will be demonstrated prior to each pass across the floor. Dancers will perform all skills on both sides and will have the opportunity to ask questions and clarify any skills as needed to be prepared for Technical Skills Round 1 Auditions.

SATURDAY - *Round 1*

The Technical Skills portion of Round 1 will follow a similar format to what is done during Friday's Technical Skill review. Dancers will go across the floor performing the required skills to the best of their ability. Dancers will perform all skills on both sides and there will also be time to showcase any additional skills that a dancer can perform/execute.