

Illusions Dance Team Tryout Information

Welcome! Thank you for your interest in the Illusions Dance Team.
Please see below for important information regarding tryouts.

Please fill out the tryout informational sheets at the back of the packet. Bring it with you to tryouts.
You can find these forms on our website, instagram or at your schools front office.

Text 81010 and say @BUSHDANCE to be added to the remind group to receive updates and reminders

When will I learn the dance?

Our audition clinic will be April 1st, 2nd & 3rd from 5 - 6:30 at George Bush High School Dance Studio. During the audition clinic you will learn, practice and perfect the tryout routine.

When are tryouts?

Tryouts will be Saturday, April 5th from 9-11am. You are required to be here at 8:30am. Audition numbers will be given at 8:30am. Roll will be taken at 8:30am.

What do my parents need to know?

A parent/guardian meeting will be April 3rd from 6 - 7pm. The meeting will be at George Bush High School in the Dance Studio. During this meeting we will discuss cost, required materials/items, team expectations, calendar and answer any questions you may have.

What if I can't attend the clinic these days?

You must attend all three clinics to be eligible to try out.

What if my parents/guardian can't attend the meeting?

A parent/guardian must attend the meeting on April 3rd from 6-7pm.

What do I need to try out?

- You need to be an incoming 9th, 10th, 11th or 12th grader
- Plan to attend George Bush High School for the 2025 - 2026 school year
- Completed tryout registration
- Athletic Physical & Paper Work ***Attached at the back of packet***
- Discipline record
- Report card with your T1, T2 & T3 grade
- Black Leggings (no logos or graphics)
- Black tight fitting shirt (no logos, graphics or crop tops)
- Tan Jazz shoes **You can buy these at Academy for \$33.00**
- Attend all clinic dates
- Parent/Guardian attends informational meeting

What will I be scored on during my audition?

- Memory
- Execution
- Performance
- Appearance
- Dance Ability

Memory

The judges will be scoring you on how well you know the choreography and skills in the routine. Be sure to practice your dance every day to increase your memory.

Execution

The judges will be scoring you on how well you execute the choreography and skills in the routine. The judges will be looking for pointed toes, straight legs,

Performance

The judges will be scoring you on your performance during the routine. Be sure to use facial expressions such as: smiles, o-mouth, pursing of the lips, winks, eye contact with audiences and any other appropriate facials.

Appearance

The judges will be scoring you on your appearance. They will begin adjudicating you on your appearance when you walk into the gym all the way until you exit.

You must follow the appearance guidelines below:

- ☐ Hair slicked back, out of your face, and up in a ponytail.
- ☐ Ponytail holder that matches your hair color
- ☐ No jewelry of any kind (earrings, bracelets, rings, belly button piercings, etc.)
Nose rings are allowed so long as the jewelry is a stud
- ☐ Black tight fitting top (NO LOGOS)
Your top must cover your belly button at all times during the audition
- ☐ Black leggings (NO LOGOS)
- ☐ Tan Jazz shoes (scan the QR codes below for links to buy jazz shoes)
- ☐ Full face performance make up (scan the QR codes below for examples and tutorials for what is required)

Dance Ability

The judges will be scoring you on your dance ability. Dance ability includes: how you move with the music, coordination, effort, precision, rhythm, flexibility and skill level. You will be judged on your right and left split. After you perform the routine once, the judges will ask if you have any special skills that you would like to show them. These skills can be anything dance or cheer related and are meant to showcase your individual special skills. Examples: Leg holds, toe touches, tumbling/acro passes and advanced turn sequences.

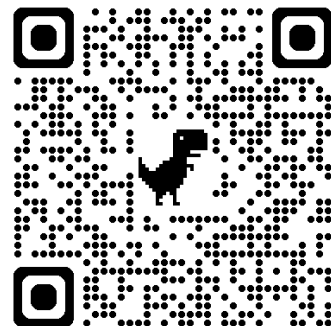
What dance skills will be in the tryout dance?

- Right Jete/Leap
- Right Battement/Kick
- Right Tilt
- Single AND Double Pirouette
- Right and Left Chainé Turn
- Stationary/Press Leap
- Toe Touch/Leap in Seconde

Optional Skills that are encouraged but not required to have:

- Fire bird
- Tumbling
- Turns in a la seconde
- Calypso
- Fan kick
- Illusion

[Scan the QR below to be added to the remind](#)



Illusions Dance Team Registration Form 2025 - 2026

Complete this form with your parents/guardians. Bring it with you on the first day of our tryout clinic, Tuesday April 1st, 2025 5 - 6:30pm.

Tryouts are Saturday, April 5th, 2025 8:30 am - 11:00 am

***** You cannot attend clinics or tryout if you have not submitted this form to Coach Bonilla or Coach Ferguson. *****

Student's First & Last Name: _____

What is your expected grade level for 2025 - 2026? _____

What school do you attend right now? _____

Have you done dance, cheer and/or gymnastics? (No is okay, we love beginners) Yes or No

If yes, how many years of experience do you have in dance, cheer and/or gymnastics? _____

Your child has the opportunity to participate in a school-sponsored activity. Please complete this form to provide the dance coaches with information relating to your child.

- List any physical limitations (temporary or permanent):
- List any current medications (prescribed or over the counter) taken:
- List any allergies including reactions to medications, food, insects, and environment:

Name of child's physician: _____ Date: _____

Insurance company: _____ Phone: _____

Policy Number: _____

ASSURANCES

My signature below indicates that I give my child permission to participate in this activity, to have any medications administered that would normally be given at school, and that I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that Fort Bend Independent School District has immunity from any liability.

Parent/Guardian First & Last Name: _____

Parent/Guardian Signature: _____ Date: _____

Address: _____

Cellphone: _____ Work Telephone: _____

Emergency Contact Person: _____ Phone No: _____

Have questions? Need more information? Contact one of the coaches.

Jose Bonilla Delgado

Haylee Ferguson

Jose.BonillaDelgado@fortbendisd.gov

Haylee.Ferguson@fortbendisd.gov

(281) 634 - 6060 ext. 92753

George Bush High School Sports Medicine Department

The George Bush High School Sports Medicine Department is gearing up for the 2025-2026 school year. Our sports medicine program's focus is to prevent, evaluate, treat, and rehabilitate injuries incurred by student athletes during all UIL sanctioned practices and competitions. Our goal is to manage issues related to sports health and safety for your student-athlete.

In preparation for next school year, Fort Bend ISD will host pre-participation physicals for the 2025-2026 school year in April. All physical for the 2025-2026 school year must be conducted after April 1, 2025. If the student-athlete is receiving a physical during any of the district mass physical dates the following information must be filled out.

1. **Confirmation of Understanding of Limited scope and Purpose of UIL Screening Physical Exams**
2. **2024 UIL Sports Medical History form: school & grade level should reflect the 2025-2026 school year**

Athletic Physicals is Cashless:

Purchase a ticket through Go Fan and it can be used on any physical date listed below.



**Cost \$ 20.00
(plus additional fees)**

FBISD Mass Physical Dates		
Wed. 4/9/2025	Hopson Field House 3335 Hurricane Ln. Missouri City, TX 77459	5:00 pm – 7:00 pm
Wed. 4/16/2025	George Bush High School 6707 FM 1463 Richmond, TX 77407	3:00 pm – 6:00 pm
Wed. 4/23/2025	Lawrence E. Elkins High School 7007 Knights Ct, Missouri City, TX 77459	3:00 pm – 6:00 pm
Wed. 5/14/2025	Wheeler Field House 16325 Lexington Blvd; Sugar Land, TX 77479	5:00 pm – 7:00 pm

Preparticipation paperwork for the 2024-2025 school year will expire on May 31, 2025.

Any student participating in Summer Strength and Conditioning Camp must have a valid physical and Rank One Forms completed prior to participation.

Email all physicals or student athlete medical information:

BHSathleticmedicalrecords@fortbendisd.gov

Dr. Jasmine DeBose

MS, ATC, LAT

HEAD ATHLETIC TRAINER

Ms. Jordan Hernandez

ATC, LAT

ASSISTANT ATHLETIC TRAINER



Phone. (281) 634-6199
Email. jasmine.debose@fortbendisd.gov

Phone. ((281) 634-6489
Email. cn_jordan.hernandez@fortbendisd.gov



Address. 6707 FM 1464 Richmond, TX 77407

FORT BEND ISD - PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
Address _____ Phone _____
Grade _____ School _____
Personal Physician _____ Phone _____
In case of emergency, contact:
Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to. **Student will be participating in: _____ ATHLETICS _____ BAND/FINE ARTS _____ JROTC _____**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member or relative died of heart problems or of sudden unexplained death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			Females Only I choose not to provide written information on Question 19 but will discuss with a medical professional:		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	Males Only I choose not to provide written information on Question 20 but will discuss with a medical professional:		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Are you missing a testicle? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
brachial blood pressure while sitting
Vision: R 20/____ L 20/____ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It ***must*** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * ***Local district policy may require an annual physical exam.***

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared
☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____ ****Place Office Stamp Here (REQUIRED):**

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.

Please Print in Box

School: _____

Student Name: _____

**Confirmation of Understanding of Limited Scope and Purpose of the
Extra-Curricular/Co-Curricular Pre-Participation Physical Exams**

I, _____, (Print Parent/Legal Guardian Name) am aware that my child/ward,
_____ (Print Child's Name), will attend an event providing pre-participation physical exams for
student athletes at _____ on _____, _____, 20____ ("the event"). The event is sponsored and provided by
Houston Methodist ("Houston Methodist") for the sole purpose of clearing students for participation in extra-curricular/co-
curricular programs. The screening physical exam will be performed by volunteer healthcare providers. By signing this form, I
am confirming I understand and agree to the following:

- **I consent to the extra-curricular/co-curricular physical exam for the above-named child.**
- This is **NOT** a comprehensive physical exam and should not take the place of routine medical care; I understand that this is a **screening physical for clearance for participation in extra-curricular/co-curricular activities ONLY**;
- Any patient-physician relationship created during the event will terminate immediately upon completion of the screening physical;
- I understand that my child may need additional testing before he/she can be cleared for participation in athletic activities and it is my sole responsibility to obtain such additional testing or medical care: I understand that if it is determined that my child needs additional medical treatment; I will be notified of any such recommendation. I understand that a limited number of non-invasive tests may be available and performed at the event for my convenience; **I consent to any and all additional non-invasive testing as deemed necessary by the screening physician during the event without notification to me prior to the testing**;
- I consent to the release of the results of my child's physical screening exam to his or her school (including a coach, athletic trainer, teacher or administrator) present at the event. This consent is valid for 180 days and I understand that I may revoke this consent at any time. I understand that the information released may not be protected under the law once it is disclosed and may be subject to re-disclosure by the Recipient.

Parent/Guardian's Signature

Date

RELEASE FROM LIABILITY AND INDEMNIFICATION

I hereby release, waive, discharge and covenant not to sue Houston Methodist and its subsidiaries, officers, directors, trustees, employees, agents and affiliated companies from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be caused by or related to my child's participation or presence at the extra-curricular/co-curricular Physical Examination Event.

I acknowledge that I have read and understand the foregoing Release and that my signature below acknowledges the statements made in the Release.

Parent/Guardian's Signature

Date

Print Name: _____



STAY CONNECTED

Scan the **QR code** or visit **houstonmethodist.org/subscribe** to stay connected with Houston Methodist on upcoming events, health tips and newsletters.

BUSH ATHLETICS: MANDATORY PHYSICAL PAPERWORK



DEAR STUDENT-ATHLETE & PARENTS:

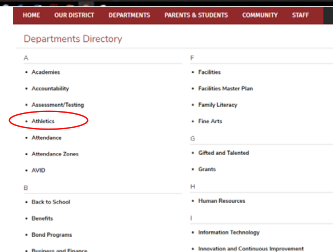
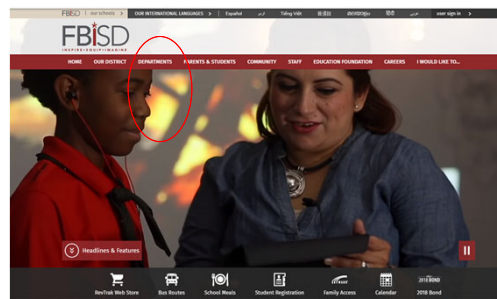
Fort Bend ISD's athletic department has implemented online tools through which you can electronically sign proper paperwork mandatory for each athletic season school year.

Please understand that every STUDENT-ATHLETE must submit **ALL** necessary paperwork in order to participate in any sport/ athletic period.

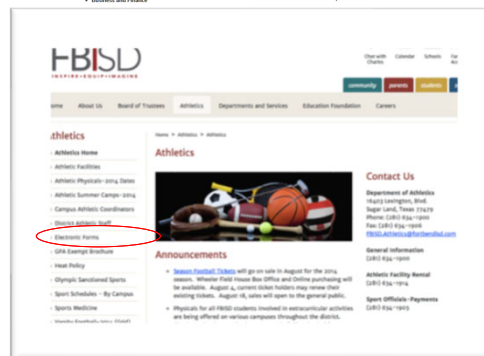
PLEASE FOLLOW THE INSTRUCTIONS BELOW:

STEP 1: GO TO WWW.FORTBENDISD.COM
CLICK ON "DEPARTMENTS"

STEP 2: AND CHOOSE "ATHLETICS" OPTION



STEP 3: CLICK ON "ELECTRONIC FORMS"
FROM THE OPTIONS ON THE LEFT MENU.



STEP 4: CLICK START ONLINE FORMS
A parent account can be created or continue as a guest. **PLEASE NOTE:**
WHEN ENTERING THE STUDENT ID NUMBER,
PLEASE ENTER A ZERO BEFORE THE NUMBER.
(I.E. IF YOUR ID IS 234567, ENTER 0234567).

Optional: Parents are able to upload the completed medical history/physical form directly into Rank One. Student-athletes will not be cleared to participate until the document is cleared by the campus athletic trainers.

Email all medical history/ physical papers to BHSathleticmedicalrecords@fortbendisd.gov
HAVE ANY QUESTIONS, Email or call Dr. DeBose 281-634-6199. THANK YOU FOR YOUR SUPPORT!

