



To: New 2024-2025 HSPVA Dance Majors

From: Janie Carothers – HSPVA Dance Chair

Congratulations & Welcome to the HSPVA Dance Department. We are excited to meet with you during Artist Academy Day – Thursday, August 8, 2024, to begin your HSPVA journey. After reviewing the Dance Information in this packet, bring your questions to Artist Academy and we can clarify and share more information with you. Below is a list of items that need to be taken care of as soon as possible and preferably over the summer.

**TO DO LIST:**

1. A completed **Dance Department Medical/Physical Form** filled out by a physician must be on file in the HSPVA Dance Office by August 12, 2024, or sooner for students to participate in any physical dance class on our campus. This form can be found on the [www.HSPVA.org](http://www.HSPVA.org) website under Dance Downloads if you misplace the one provided. We require this physical form that is unique to the HSPVA Dance Program. You may send via email to: [jcarothe@houstonisd.org](mailto:jcarothe@houstonisd.org) with Students last name and physical 2024 in subject line of email. If anything happens to your student between now and the first day of school that will affect their physical participation in our program, please email [jcarothe@houstonisd.org](mailto:jcarothe@houstonisd.org) immediately.

2. **Dance Attire** – We will begin dancing the second day of school, August 13, 2024. Deadline for proper dance class attire will be Tuesday, September 10, 2024, if not sooner. Please refer to attached Master Class Leotard/Men’s Apparel attachment. If your family is experiencing any financial difficulties that will make it difficult to purchase proper dance class attire, please email me.

**Females**

**Ballet/Modern Dance Attire**

- Black Camisole, Tank or Short Sleeved Style Leotard
- Pink or Skin- Toned Tights w/feet
- Pink or Skin- Toned Ballet Shoes with sewn elastic
- Black Tights without feet
- Black Master Class Tank Leotard – See Leo Style\*
- Pointe Shoes – Level 2 – September
- Pointe Shoes – Level 1 – January
- Tap Shoes – January
- Tue/Thurs – Solid Color Camisole, Tank Leotard
- Black Jazz Shoes
- Black Character Shoes

**Males**

**Ballet/Modern Dance Attire**

- Dance Belts (2) Nude\* & Black
- Black – Heavy Dance Tights with feet\*
- Black – Heavy Dance Tights without feet
- Black Ballet Shoes with sewn elastic
- Black & White Compression Crew Shirt\*
- Black Jazz Shoes
- Black Tap Shoes – January
- Tues/Thurs – Solid Color tight fitted T – Shirt or Compression Crew shirt
- 1-2 inch black elastic band for waist

3. **Lunch** – Lunch at HSPVA the first couple of days can be very hectic. We suggest that your son/daughter bring their lunch the first week until the lunch line adjusts to the needs of the student body.

4. The first day of school each dancer needs to bring **2 combination locks**. One for your hall locker – which will house all academic books and binders and the second lock for your Dance locker – which will house your dance bag, dance attire/supplies. *We do not assign dance lockers without a combination lock.* **Please bring pertinent information for contact with you and parents to fill out and complete paperwork.** (Home address, zip code, telephone numbers including home, cell, work #'s for you and your parents as well as student and parent **email address**’).

**5. Important Dates – 2024 – 2025 HSPVA Dance Season**

The important, mandatory dates for the upcoming season are sacred and all Kinder HSPVA Dance Majors are involved on a production crew or performing. Please plan for your dance major to be available all-day during school and for Technical/Dress Rehearsals and Performances. Dance Production is part of the unique Kinder HSPVA Dance curriculum and students receive a grade for participation in all production dates below. We try to make after school rehearsals limited due to private studio instruction and civic dance company obligations, however **we expect every dance major to be present and available for all performances and rehearsals listed below.**

## 2024-2025 - Dance Season - Production & Technical Rehearsals

FALL Dance Concert - Thursday & Friday - November 21 & 22, 2024 - 7pm

Tech/Staging in Denney - November 11 - 22, 2024

Crew expected for all PM Dance Blocks plus Tech rehearsals and performances.

- Tech - Act I - Friday - November 15 - 4-7:30 pm
- Tech - Act II - Monday - November 18 - 4 - 7:30 pm
- Tech - Act I & II - Tuesday - November 19 - 4 - 7:30pm
- Dress Tech/Photo - Wednesday - November 20 - 4 - 8pm
- FDC Performances - November 21 & 22, 2024 - 7:00pm

SPRING Dance Concert - Thursday & Friday - March 6 & 7, 2025- 7pm

Tech/Staging in Denney - February 24 - March 7, 2025

Crew expected for all PM Dance Blocks plus Tech rehearsals and performances

- Tech - Act I - Friday - February 28 - 4- 7:30 pm
- Tech - Act II - Monday - March 3 - 4 - 7:30 pm
- Tech - Act I & II - Tuesday - March 4 - 4 - 7:30pm
- Dress Tech/Photo - Wednesday - March 5 - 4 - 8pm
- SDC Performances - March 6 & 7, 2025 - 7:00pm

Senior Dance Recital Preview - Thursday - April 17, 2025 - Studio A & B - 9 am

Senior Dance Recital - Thursday - April 24, 2025 - Denney Theatre - 4pm

- *PM dancers expected to attend Preview or Performance*

Dance Showcase I & II - Friday - April 25, 2025 - Denney Theatre - 2:30 pm - Free

Showcase Rehearsals begin during PM Dance Block - Monday - Friday - March 17 - April 25, 2025

Level I & II Dancers are expected to attend all rehearsals and Tech/Dress - Performance

- Dress Parade & Studio Run - Thursday, April 17, 2025
- Dance Moves in Denney - Tuesday - April, 21
- Staging begins Monday - Tuesday - April 21 - Denney Theatre - PM Dance Block
- Level I - Staging - Tech Rehearsal - Tuesday - April 22 - 4 - 5:30pm - Denney Theatre
- Level II - Staging - Tech Rehearsal - Wednesday - April 23 - 4 - 6:00pm - Denney Theatre
- Dress - PM Dance Block - Thursday - April, 24
- Performance - Friday - April 25 - 2:30 pm

We are looking forward to you joining the Kinder HSPVA Dance Department and an exciting year together!

Have a great summer.

**Janie Carothers**

**Kinder HSPVA - Dance Chair**

790 Austin St. Houston, TX 77002

[jcarothe@houstonisd.org](mailto:jcarothe@houstonisd.org)

713-556-2417 - direct line

713-942-1960 - school office

## Black Master Class Tank Leotard & Skin -Tone Camisole

### Approved Options

The Master Class tank leotard is required for all Master Classes and Lecture Performances at Kinder HSPVA. The leotard is a basic tank leotard with a high back for students to use a bra if needed. A Skin-Tone Camisole leotard is needed for AM female dance majors. The skin-tone camisole must have fabric straps, not clear plastic straps. **Clear straps must be replaced with beige elastic. Straps attached in a camisole silhouette.**

Dance Trends - [www.dancetrendshouston.com](http://www.dancetrendshouston.com) 14520 Memorial Dr. #106 (281) 558-1400

	<u>MAKER</u>	<u>STYLE</u>	<u>PRICE</u>	
Black Tank Leo	Bloch	L5605	\$21.00	
Black Tank Leo	So Danca	SL08	\$25.00	
Black Tank Leo	Eurotard	4402	\$25.00	
Skin-Tone Cami	Capezio	3565	\$50.00	AM Dancer
Skin-Tone Cami	Eurotard	E 95707	\$25.00	AM Dancer
Skin-Tone Cami	Silky Dance	Invisible LB	\$26.00	AM Dancer

Dancewear Solutions - [www.dancewearsolutions.com](http://www.dancewearsolutions.com) 1-866-542-6500

	<u>MAKER</u>	<u>STYLE</u>	<u>PRICE</u>	
Black Tank Leo	Capezio	CC201	\$24.00	
Black Tank Leo	Balera	MT 7491N	\$20.95	
Skin-Tone Cami	Capezio	TB49	\$24.00	AM Dancer

Discount Dance Supply - [www.discountdance.com](http://www.discountdance.com) 1-800-328-7107

	<u>MAKER</u>	<u>STYLE</u>	<u>PRICE</u>	
Black Tank Leo	Capezio	CC201	\$24.00	
Black Tank Leo	Theatricals	TH5512	\$19.52	
Skin-Tone Cami	Capezio	TB 1420	\$25.00	AM Dancer
Skin-Tone Cami	Bloch (built-in bra)	L8730	\$41.50	AM Dancer
Skin-Tone Cami	Mariia (Straps will need to be changed)	MTB212	\$35.69	AM Dancer



## Menswear Needs and Approved Apparel

When it comes to tights your dancer will need several pair. Your dancer will be wearing tights/dance belts 5 days a week 3 hours a day at PVA so investing in several good quality brands is key. We also suggest purchasing 2 dance belts at least. Thong-style dance belts are required for ensuring both the dancer's physical safety and the aesthetic of our classical based dance forms; as such, full-seated dance belts are not allowed. Suggested options and places to purchase are listed below and understand there may be other dancewear store closer to you.

Discount Dancewear - [www.Discountdance.com](http://www.Discountdance.com)

Dance Trends - [www.dancetrendshouston.com](http://www.dancetrendshouston.com)

### TIGHTS

Item	Brand	Style#	Description	Color	Cost
Men's Tights	Body Wrappers	M92	Convertible Seamless Tights	Black	\$42-\$50
Men's Tights	Wear Moi	WM242	Hidalgo - Microfiber Tights	Black	\$55
Men's Tights	M Stevens	1099	Milliskin Footed Tights	Black	\$87
Men's Tights	Eurotard	34943	Microfiber Footed Tights	Black	\$27

### DANCE BELT

Item	Brand	Style#	Description	Color	Cost
Men's Dance Belt	Capezio	N5930	Quilted Panel/Thong	Black/Nude	\$34

*\*Suggest at least purchasing two this style to start the school year.*

*\*Choose next larger size - they tend to shrink with washing.*

### BALLET/JAZZ SHOES

Item	Brand	Style#	Description	Color	Cost
Ballet/Unisex	Sansha	S1C	Canvas Split-Sole	Black	\$22
Jazz/Unisex	Bloch	S0401L	Super Jazz	Black	\$47

### SHIRTS

Discount Dancewear - [www.Discountdance.com](http://www.Discountdance.com)

Item	Brand	Style#	Description	Color	Cost
V Neck T-Shirt	Double Platinum	N7085	Microfiber Short-Sleeve	Black/White	\$30
Crew T-Shirt	Ballet Rosa	PAULE	Microfiber Short-Sleeve	Black/White	\$45

Dance Trends - [www.dancetrendshouston.com](http://www.dancetrendshouston.com)

Men's Shirt	Eurotard	44100	Short-Sleeve - Crew	Black/White	\$27
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Academy - [www.academy.com](http://www.academy.com)

Men's Shirt	BCG	178707	Short-Sleeve - Compression	Black/White	\$15
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# DANCE PHYSICAL EXAMINATION FORM 2024 – 2025

Physicians can email completed form to the Kinder HSPVA to [jcarothe@houstonisd.org](mailto:jcarothe@houstonisd.org), *please list dancers Last Name and Physical 2024* – in subject line. Physicals are due first day of school August 12<sup>th</sup>. Dance Office would prefer a hard copy from Physician if possible.

STUDENT'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M F GRADE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN'S NAME

MOTHER: \_\_\_\_\_ BUS PH: \_\_\_\_\_ Cell PH: \_\_\_\_\_

FATHER: \_\_\_\_\_ BUS PH: \_\_\_\_\_ Cell PH: \_\_\_\_\_

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**MEDICAL HISTORY:**

LIST ANY OPERATIONS/FRACTURES/CHRONIC HEALTH PROBLEMS AND THE DATES

LIST ANY ALLERGIES:

IMMUNIZATION TYPES & DATES: (Attach - COPY OF SHOT RECORDS)

**VITALS AND VISION**

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ PULSE \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_

VISION R20/ \_\_\_\_\_ L20/ \_\_\_\_\_ Corrected Yes / No PUPILS Equal / Unequal

LEGEND: N - NORMAL A – ABNORMAL NE - NOT EXAMINED

**GENERAL BODY INFORMATION:**

EYES \_\_\_\_\_ EARS \_\_\_\_\_ NOSE \_\_\_\_\_ THROAT \_\_\_\_\_ TEETH \_\_\_\_\_ LIVER \_\_\_\_\_ SPLEEN \_\_\_\_\_ LUNGS \_\_\_\_\_ CHEST \_\_\_\_\_

LYMPH NODES \_\_\_\_\_ ABDOMINAL MASSES \_\_\_\_\_ SKIN \_\_\_\_\_ NEUROLOGICAL \_\_\_\_\_

HEART AUSCULTATION SUPINE \_\_\_\_\_ HEART AUSCULTATION STANDING \_\_\_\_\_ HEART LOWER EXTREMITY PULSES \_\_\_\_\_

PULSES \_\_\_\_\_ MARFAN'S STIGMATA (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis) \_\_\_\_\_

**JOINT FUNCTIONS:**

NECK \_\_\_\_\_ SHOULDERS \_\_\_\_\_ ELBOWS \_\_\_\_\_ WRISTS \_\_\_\_\_ HANDS \_\_\_\_\_ HIPS \_\_\_\_\_ KNEES \_\_\_\_\_

ANKLES \_\_\_\_\_ FEET \_\_\_\_\_ BACK \_\_\_\_\_

DESCRIPTION OF ABNORMAL FINDINGS OR ANY RECENT INJURIES/ILLNESSES OR SURGERIES:

\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT I HAVE EXAMINED THIS STUDENT AND HE/SHE MAY PARTICIPATE IN THE STRENUOUS PHYSICAL ACTIVITY OF THE HSPVA DANCE DEPARTMENT FOR THREE HOURS EACH DAY.

SPECIAL INSTRUCTIONS OR SPECIAL LIMITATIONS: \_\_\_\_\_

DATE OF PHYSICAL EXAM: \_\_\_\_\_ SIGNATURE OF PHYSICIAN: \_\_\_\_\_

PHYSICIAN'S PHONE # \_\_\_\_\_ PRINTED/TYPED NAME OF PHYSICIAN: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY 2024-2025**

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 \_\_\_\_\_

Explain "Yes" answers in the box below. Circle question if you do not know the answer.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	___	___	13. Have you ever gotten unexpectedly short of breath with exercise?	___	___
2. Have you been hospitalized overnight in the past year?	___	___	Do you have asthma?	___	___
Have you ever had surgery?	___	___	Do you have seasonal allergies that require medical treatment?	___	___
3. Have you ever had prior testing for the heart ordered by a physician?	___	___	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)?	___	___
Have you ever passed out during or after exercise?	___	___	15. Have you ever had a sprain, strain, or swelling after injury?	___	___
Have you ever had chest pain during or after exercise?	___	___	Have you broken or fractured any bones or dislocated any joints?	___	___
Do you get tired more quickly than your friends do during exercise?	___	___	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	___	___
Have you ever had racing of your heart or skipped heartbeats?	___	___	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	___	___	<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"/> 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"/> 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"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (example - myocarditis or mononucleosis) within the last month?	___	___	<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"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	___	___	16. Do you want to weigh more or less than you do now?	___	___
Have you ever been knocked out, become unconscious, or lost your memory?	___	___	17. Do you feel stressed out?	___	___
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	___	___
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	___	___	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	___	___	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?	___	___	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	___	___	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	___	___	<i>Males Only</i>		
6. Are you under a doctor's care?	___	___	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?	___	___	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	___	___			
9. Have you ever been dizzy during or after exercise?	___	___			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	___	___			
11. Have you ever become ill from exercising in the heat?	___	___			
12. Have you had any problems with your eyes or vision?	___	___			

EXPLAIN "YES" ANSWERS IN THIS BOX. ATTACH ANOTHER SHEET IF NECESSARY.

**Initial of parent required after each statement:**

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, 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 question are complete and correct. \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

