



# JUGGLING LETTERING STANDARDS

**JH LETTERING:** 1) Complete this form\* and turned in to Coach Paul by May 21. 2) JUGHEADS Chenille patches can be purchased through Wendy before the Ultimate Club Awards Banquet in the fall.

**EPS LETTERING:** 1) Complete this form.\* 2) Complete the EPS Athletic Department Registration Form. 3) Attach a \$20 check to EPS. 4) Turn all items in to Coach Paul by May 21. 5) Lettering awards will be presented at the Ultimate Club Awards Banquet in the fall.

\*NOTE: You MUST turn in complete forms in order to earn an EPS and/or JH juggling letter. Even if any given standard is NOT yet completed, you must state on this form when you plan to fulfill that standard by July 31.

**NAME OF JUGGLING LETTER CANDIDATE:** \_\_\_\_\_

**Age Requirement:**

- 9th -12th grade at Edina High School and/or JUGHEADS Youth Juggling Company.

**Time Requirement:**

- Attendance of at least two juggling clubs per week (one club = 2 hours) for a total of a minimum of 150 hours of team juggling involvement from August - July. Time may also include attendance at extra rehearsals, festivals and performances with team.
- No more than 7 absences (5 excused and 2 unexcused) absences from Ultimate Club in one juggling school year.

**Performing / Competition Standards:**

- Create or purchase at least one costume for use in specialty act(s).
- Publicly perform a juggling specialty act (solo or team) three times within the juggling year (August – July, which may or may not include the annual JUGHEADS “Juggle Jam”). The JH director must approve qualifying venues.

**Event/Juggling Act/Date**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

- Compete in at least five (5) juggling competitions throughout the year, either on stage, in technical contests (e.g., 8-club passing endurance at MadFest), or juggling (e.g., 4 x 400 meter juggling race in Winston-Salem, NC). The JH director must approve qualifying venues for these competitions. Examples of qualifying venues include: state competitions (e.g., State Fair Talent Contest), international competitions (e.g., the I.J.A. Festival), and regional festivals (e.g., MadFest or MONDO Fest).

**Venue/Competition/Date**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

- ❑ **EXTRA** (may replace another requirement pending director approval) Perform at least one stage show (individually or as part of a group) for a charity event. List name of charity event and performing date below.

1) \_\_\_\_\_

**Technical Juggling Requirements** (any given standard may be halved if two other are doubled):

- ❑ 200 catches with 5 balls.
- ❑ 5 tricks with 5 balls.
- ❑ 50 passes each with 8 ball passing.
- ❑ 18 catches with 6 balls.
- ❑ Qualify 7 balls.
- ❑ 100 dominant hand throws (DHT) with 4 rings.
- ❑ 50 with 7 ring passing.
- ❑ 30 with 8 ring passing.
- ❑ 100 catches with 5 rings.
- ❑ Qualify 6 rings.
- ❑ 20 categories of 3-club tricks (required with a partner: wrap-arounds and dropback giveaways).
- ❑ 5 perfect sets of 20 and one perfect set to 100 with 3 club constant doubles. (NEW)
- ❑ 50 with 6 club ultimate passing (25 each hand, synchronous or asynchronous).
- ❑ 100 with 7 club passing.
- ❑ 50 with 6 club back-to-back passing.
- ❑ 50 with 8 club passing.
- ❑ 100 DHT with 4 clubs. (Fountain, double-singles or triple-singles)
- ❑ 20 catches with 5 clubs.
- ❑ 100 catches with 5 ball drop bounce.
- ❑ One minute with club balance (chin, nose, forehead).
- ❑ Break an all-time JUGHEADS endurance, speed, or competition record (solo or team). Hint: Make up a new record! Some all-time records may stand for years, but other records have yet to be invented!
- ❑ Mastery of at least three auxiliary props. Examples: balance board, bull whip, cigar boxes, etc. "Mastery" means the prop could be incorporated into a specialty act.
- ❑ Achieve 10 Super-Ultimate Club Standards.

**PERSONAL CHARACTER STANDARDS**

- ❑ Must commit no fewer than ten (10) hours between September and June actively teaching others, preferably in a JUGHEADS Rec. Club or Beginning Camp.
- ❑ Must be a role model to the entire JUGHEADS program: behavior, work ethic, attitude, helpfulness to Paul and others, and ambassadorship of JUGHEADS on the road for gigs, festivals and social outings.
- ❑ Must avoid behavior that would harm the reputation of the individual or JUGHEADS. Examples: drug/alcohol/tobacco use, violence, sexual impropriety, theft, cheating.
- ❑ Must maintain grades that reflect a high academic work ethic and school as a priority. Guideline: B (3.0) average.

Please fill out this form by **MAY 21** and attach \$20 made out to **EDINA PUBLIC SCHOOLS**

# Edina High School \* Athletic Department

6754 Valley View Road \* Edina, MN 55439 \* 952.848.3815 \* Fax 952.848 3818

## Registration Form

This form must be completed and returned to the Athletic Department before the student will be permitted to practice or play.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ School: HS SV VV  
                    First                    MI                    Last

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Student ID # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone \_\_\_\_\_ Activity/Sport \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: (Street, City, Zip) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Student live primarily with: (circle) Mother Father Both

Allergies (list) \_\_\_\_\_

List any other health concerns: \_\_\_\_\_

Permission is hereby granted to the attending physician to proceed with any medical or surgical treatment, x-ray examinations, and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious means possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the student may be given. In the event that an emergency arises during a practice session, an effort will be made to contact parents or guardians as soon as possible. Permission is also granted to the athletic trainer or coach to provide needed emergency treatment to the student prior to his admission to a medical facility.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Non-parent to notify in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

### ACTIVITIES INSURANCE WAIVER

I fully understand that I.S.D. 273 **DOES NOT** provide insurance for my student while participating in interscholastic activities and that it is my responsibility to provide insurance coverage for my student.

Insurance Company \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### WEB SITE

I authorize Edina School District to use my student's picture and/or name on the Edina School District Web Site.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY		
Date	Sport/Activity	Fee Paid
_____	<u>Independent Provider</u>	<u>\$20.00</u>
_____	_____	_____
Physical Date		MSHSL Date
_____		_____
<b>Department Clearance</b>		
The student has turned in all eligibility and insurance information, paid fee and is cleared to participate in practice, games and performances.		
_____	_____	_____