

Frisco High School Band

Color Guard Pre-Registration Packet 2024-25



Forms and Information Included:

1. Director Welcome Letter
2. Color Guard Syllabus and Supplies List
3. Spring and Summer Training Schedule
4. Frisco Band Sponsorship Form- please pass along to anyone who may be able to sponsor!

Online Payment and Signatures, Due May 21st:

5. \$100 Pre-Registration Fee- Paid online in CutTime account
6. CutTime Database Update and Payment Guide
7. Off-Campus Activity Permission Form
8. UIL Marching Band Acknowledgement
9. UIL Cardiac Awareness Form
10. DCI Show Ticket Order Instructions (*Optional, but highly recommended!*)
11. Pre-Season Color Guard Attendance Contract (*Please turn in the PAPER version of this form on May 21!*)

Paper forms, Due by July 22nd:

12. Medical History Form (*complete the paper form, bring to first day of band camp, or sooner*)
13. Physical Examination Form* (*exam by doctor- bring paper form to first day of band camp, or sooner*)
**Per FISD policy, ALL students will need to get their physical exam performed by a doctor and submit the form yearly- thank you!*

Please *electronically sign* in CutTime the **Off-Campus Activity Permission Form, UIL Marching Band Acknowledgement, and UIL Cardiac Awareness Form** by May 21st, the first day of Band Music Camp.

The **\$100 Pre-registration fee** should be paid in CutTime by May 21st- see page 2 of this packet for help!

**If desired, the fee may be paid by check, made out to "Frisco Band Booster Association."*

Checks should be submitted to the black deposit box in the Frisco Band Hall, or handed to a Frisco Band Director.



FRISCO HIGH SCHOOL COLOR GUARD

Welcome to Frisco High School, and the Frisco High School Color Guard. This year promises to be rewarding and exciting for you. We are extremely happy to have you on our team and part of the Frisco Band Family. I hope the information in this packet will answer some questions for the upcoming year. Remember, if you ever have any questions, or concerns feel free to contact me.

In a nutshell, Color Guard involves flags, rifles, sabres, and dance which provide a visual emphasis to the Fall Marching Band and Winter Guard shows. In this packet, you will find useful information to prepare you for the upcoming year.

I am so happy that you are going to be part of one of the most prestigious and exciting Color Guard programs in the state! This is truly a family that you will be glad to be associated with. Again, welcome to Frisco High School, and the Frisco High School Color Guard.

If you ever have a question, do not hesitate to contact me! I look forward to working with you!



Toby Leikness

Color Guard Director
469.633.5500 x5532
leiknest@friscoisd.org
Frisco High School
6401 Parkwood Blvd
Frisco, Texas 75034



Color Guard Syllabus

The Color Guard is a unique organization which includes students from grades 9-12. The class is a performance based drill and dance course. Color Guard incorporates the academics of dance instruction into rehearsal, and performance situations. The simultaneous responsibilities in rehearsals and performances can be demanding on the student physically, and mentally.

Students will:

Required Attendance:

- Football Games
- Marching Contests/ Performances
- Winter Guard Contests/ Performance
- Pep Rallies
- State Send Offs
- Exhibitions

Demonstrate:

- Basic Maneuvers with Equipment
- Dance Proficiency
- Written Choreography
- Various Tosses with Equipment

Professional Transfer:

- Self and Group Discipline
- Responsibility
- Leadership
- Team Skills
- Concentration
- Coordination
- Stamina



FHS 2024 Spring and Summer Training

Music/ Guard Camp

May 21	Tuesday	9:00 am-12:00 pm	FHS Aux. Gym
		1:00 pm- 4:00 pm	FHS Aux. Gym
May 22	Wednesday	9:00 am-12:00 pm	FHS Aux. Gym
		1:00 pm- 4:00 pm	FHS Aux. Gym
		6:00 pm- 8:00 pm	FHS Aux. Gym
		7:30 pm PREVIEW	FHS Competition Gym

Summer Training

June 17	Monday	9:00 am- 12:00 pm	FHS Aux. Gym
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* Emails will be sent for any schedule changes. If you are not able to make any of these dates please note that on your contract. Student leaders will be holding sectionals during the summer. If available, please attend!



Color Guard Supplies

Every student will need the following. All members must order the Black Jazz Pants and Everdri Gloves. There are a few options for shoes. All students must have 1 pair of Black Jazz Shoes. Some of you may already have these, so you don't have to order them again. They also have a selection of undergarments for purchase.

Sandy s Dancewear

Address: 11445 Dallas Pkwy, Frisco, TX 75033

Phone: (972) 377-4509

<u>STYLE</u>	<u>SIZE</u>	<u>QTY</u>	<u>COST</u>
TB118 Black jazz pant		1	\$27.67
Black Jazz Shoe economy		1	\$34.60
Nude Jazz Shoe economy		1	\$34.60

TOTAL _____

* all prices listed include a 20% group discount and sales tax. Please feel free to get your jazz shoes at any other store. Just make sure they are the correct style and color.



Frisco High School Band

2024-25

Partner with *The Original*, Frisco High School Band

Sponsorship/Partnership Commitment & Invoice Form for the 2024-2025 school year

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Email: _____

DIAMOND LEVEL \$5000+

- Drumline or Pep Band appearance at company event *Date Depends on Frisco Band Calendar
- Full-page Advertising option in All Concert Programs
- Shoutout in the Weekly Band Newsletter, reaching over 130 Households
- Large Fixed Logo on the Website (Linked)
- Large Company Logo on End-of-the-year Banquet Video
- Logo on the Back of Pit-Crew Shirts
- Company Name Announcement with Band Intro during Half-time at Two Football Games (Senior Night & Homecoming)
- Certificate of Appreciation with Full Band Picture
- Large Company Logo on the front of the Play-a-thon T-Shirt

PLATINUM LEVEL \$1500+

- Fixed Logo on the Website (Linked)
- Half-page Advertising option in All Concert Programs
- Medium Company Logo on End-of-the-year Banquet Video
- Company Name Announcement with Band Intro during Half-time at One Football Game (Senior Night)
- Certificate of Appreciation with Full Band Picture
- Large Company Logo on the back of the Play-a-thon T-Shirt

GOLD LEVEL \$1000+

- Fixed Logo on the Website (Linked)
- Advertising option in All Concert Programs
- Small Company Logo on End-of-the-year Banquet Video
- Certificate of Appreciation with Full Band Picture
- Medium Company Logo on the back of the Play-a-thon T-Shirt

SILVER LEVEL \$500+

- Fixed Logo on the Website (Linked)
- Recognition in All Concert Programs
- Recognition on End-of-the-year Banquet Video
- Certificate of Appreciation with Full Band Picture
- Small Company Logo on the back of the Play-a-thon T-Shirt

BRONZE LEVEL \$250+

- Rotating Logo on the Website (Linked)
- Recognition in All Concert Programs
- Recognition on End-of-the-year Banquet Video
- Certificate of Appreciation with Full Band Picture
- Small Company Logo on the back of the Play-a-thon T-Shirt

Please submit your donation information by going to

www.friscohsband.org/donate

Then, click button "Donor Information Submission Form".

Donate Online



Deadline:

All corporate sponsors must submit a VECTOR VERSION of their logo (file types include AI, EPS, PDF), or a high-resolution image, by Sunday, August 27th, to be included on the Play-A-Thon T-shirts and Parade banner. Logo Files can be submitted as part of the online form above.

For more information, please contact FHS Band Play-A-Thon Chairperson at playathon@friscobandboosters.com.



Communication and Payment App for All Frisco ISD Fine Arts Programs

- This is a **one-stop-shop** for all **Band fee payments, receiving announcements, and signing most of our required documents!** In the future, we hope to utilize additional functions, such as signing up to volunteer at events.
- Directors have added students and guardians to the Frisco Band CutTime account. Guardians are added via their cell phone numbers (email is used as backup)
- There is **no login process or password to keep track of**; any time you wish to visit your account page, you simply click your unique “Magic Link” provided to you via text message.
- You can also *bookmark* your CutTime page, so that you can return to it any time to check your account balance, sign documents, re-read announcements, etc.
- Payments are made with a link to Stripe®, but a Stripe account is not required. You will be prompted to enter credit or debit card info and the information is secure. *(We will still accept payments by paper check, made out to ‘Frisco Band Boosters’- though online payments are preferred if possible!)*
- You may also **SHARE costs for your student**, with relatives or friends. There is an easy way to invite them to pay as much of your students’ balance as they like, via their cell phone number!



On Friday, April 19, all students and the guardians registered in our system will receive a welcome message from our CutTime account, and will be invited at that time to confirm their phone numbers and receive their ‘Magic Link’! Families may begin to pay fees at that time as well.



If one of a student’s guardians does NOT receive a CutTime message on April 19, OR if you wish to add another guardian at any time, please submit this form

The user experience is mostly self-explanatory, BUT you may scan here for further guidance!

You may also email Mr. Simon with any questions: simond@friscoisd.org

Guardian Account Request



Guardian Intro Videos



2024-25 FRISCO HIGH SCHOOL BAND/COLOR GUARD

STUDENT/PARENT AUTHORIZATION & RELEASE
FOR OFF-CAMPUS ACTIVITIES

The Frisco Independent School District (“FISD”) offers a variety of learning activities at designated off-campus locations in which students will have an opportunity to participate. I hereby give permission for my son/daughter to participate in the various off-campus activities associated with the Frisco Band program. I understand the FISD may not provide transportation to and from all activities. In the event that FISD does not provide such transportation, I further understand that I must provide transportation for my son/daughter as a condition of his/her participation in that activity.

In consideration for allowing my son/daughter to participate in off-campus activities, I knowingly and voluntarily agree to assume full responsibility and assume all risk for any accident, loss, damage, and injuries he or she may sustain as a result of or arising out of any aspect of the activity. Furthermore, I, on behalf of myself, my son/daughter named below, our respective family members, and our respective heirs, legatees, executors, administrators, and assignees, hereby agree to release, acquit, discharge, and hold harmless FISD, and FISD Board of Trustees, and any agents, employees, representatives, insurers, successors, and assignees of the entities just named from any and all claims, demands, liabilities, actions or causes of action, of whatever kind or character, whether known or unknown, whether arising out of federal, state, or local statute or common law, including claims resulting from negligence, that I or my son/daughter may sustain arising out of any aspect of the off-campus activity, including, but not limited to, driving or riding to or from the off-campus activity.

PARENT/GUARDIAN-STUDENT RELEASE & AGREEMENT

I UNDERSTAND THAT ALL THE INFORMATION AND POLICIES IN THE FRISCO BAND HANDBOOK APPLY TO ALL OFF-CAMPUS ACTIVITIES. MY STUDENT HAS MY PERMISSION TO ATTEND DISTRICT AND OUT-OF-DISTRICT TRIPS AND SCHOOL-SPONSORED EXTRA-CURRICULAR AND CO-CURRICULAR ACTIVITIES UNDER THESE GUIDELINES. I UNDERSTAND THAT FRISCO ISD AND FRISCO HIGH SCHOOL WILL NOT BE LIABLE FOR INJURIES AND MEDICAL COST FOR STUDENTS. MY SIGNATURE ALSO SERVES AS PERMISSION FOR MY SON/DAUGHTER TO OBTAIN MEDICAL TREATMENT ON A SCHOOL-SPONSORED TRIP.

This form will require both a PARENT/GUARDIAN and a STUDENT signature.

Signature will be collected electronically through CutTime

**PARENT/STUDENT UIL MARCHING BAND
ACKNOWLEDGEMENT FORM**

Updated 2018

No student may be required to attend a marching band related practice for more than eight hours outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band. **Exception:** For schools that begin instruction prior to the fourth Monday in August the limit of eight hours of rehearsal outside of the academic school day per calendar week shall begin on the Tuesday immediately following Labor Day. Schools under this exception shall be limited to eight hours of rehearsal outside of the academic day per school week (12:01 AM on the first day of school of the calendar week through the end of the school day on the last day of instruction of the school week) until the Tuesday immediately following Labor Day.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples of Activities Subject to the UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band and Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing and Viewing Marching Band Videos
- Passing Off Marching Band Music
- Marching Band Sectionals (Both Director and Student Led)
- Clinics for The Marching Band or Any of its Components

The Following Activities Are Not Included in the Eight Hour Time Allotment:

- Travel Time to and From Rehearsals and/or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades and Other Public Performances
- Instruction and Practice For Music Activities Other Than Marching Band And Its Components

NOTE: More information about Marching Band practice limitations can be found at:
www.uiltexas.org/music/marching-band

“We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations.”

This form will require both a PARENT/GUARDIAN and a STUDENT signature.

Signature will be collected electronically through CutTime

This form is to be kept on file by the local school district.

Signatures required on back



SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

The Basic Facts on Sudden Cardiac Arrest

Website Resources:

American Heart Association:
www.heart.org

Lead Author: Arnold Fenrich, MD
and Benjamin Levine, MD

Additional Reviewers: UIL Medical
Advisory Committee

Revised 2016

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

Inherited (passed on from family) **conditions present at birth of the heart muscle:**

Hypertrophic Cardiomyopathy – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.

Arrhythmogenic Right Ventricular Cardiomyopathy – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.

Marfan Syndrome – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.

Inherited conditions present at birth of the electrical system:

Long QT Syndrome – abnormality in the ion channels (electrical system) of the heart.

Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome – other types of electrical abnormalities that are rare but run in families.

NonInherited (not passed on from the family, but still present at birth) **conditions:**

Coronary Artery Abnormalities – abnormality of the blood vessels that supply blood to the heart muscle. This is the second most common cause of sudden cardiac arrest in athletes in the U.S.

Aortic valve abnormalities – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.

Non-compaction Cardiomyopathy – a condition where the heart muscle does not develop normally.

Wolff-Parkinson-White Syndrome – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.

Conditions not present at birth but acquired later in life:

Commotio Cordis – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.

Myocarditis – infection or inflammation of the heart, usually caused by a virus.

Recreational/Performance-Enhancing drug use.

Idiopathic: Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

ANY of these symptoms and warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

Time is critical and an immediate response is vital.

- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

What are ways to screen for Sudden Cardiac Arrest?

The American Heart Association recommends a pre-participation history and physical including 14 important cardiac elements.

The UIL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 14 of these important cardiac elements and is mandatory annually.

What are the current recommendations for screening young athletes?

The University Interscholastic League requires use of the specific Preparticipation Medical History form on a yearly basis. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

It is important to know if any family member died suddenly during physical activity or during a seizure. It is also important to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually because it is essential to identify those at risk for sudden cardiac death.

The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 1st and 3rd years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.

Are there additional options available to screen for cardiac conditions?

Additional screening using an electrocardiogram (ECG) and/or an echocardiogram (Echo) is readily available to all athletes from their personal physicians, but is not mandatory, and is generally not recommended by either the American Heart Association (AHA) or the American College of Cardiology (ACC). Limitations of additional screening include the possibility (~10%) of “false positives”, which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation. There is also a possibility of “false negatives”, since not all cardiac conditions will be identified by additional screening.

When should a student athlete see a heart specialist?

If a qualified examiner has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist may perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, may also be done. The specialist may also order a treadmill exercise test and/or a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can Sudden Cardiac Arrest be prevented just through proper screening?

A proper evaluation (Preparticipation Physical Evaluation – Medical History) should find many, but not all, conditions that could cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. This is why a medical history and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.

Why have an AED on site during sporting events

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

Texas Senate Bill 7 requires that at any school sponsored athletic event or team practice in Texas public high schools the following must be available:

- An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium
- All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.

- Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest.

The American Academy of Pediatrics recommends the AED should be placed in a central location that is accessible and ideally no more than a 1 to 1 1/2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

Student & Parent/Guardian Signatures

I certify that I have read and understand the above information.

This form will require both a PARENT/GUARDIAN and a STUDENT signature.

Signature will be collected electronically through CutTime



Dear Parents and Students,

On the evening of Thursday, July 18th, the Frisco High School band will be attending the DCI Denton show at the University of North Texas. We would like every member of our band program to attend this exciting event! *This is just before the start of our band camp, so we hope most of our families will be in town!* Bus transportation from FHS and back will be provided.

Drum Corps International is an organization made up of some of the finest young musicians and color guard performers in the county. Each performing ensemble travels throughout the country every summer, giving thrilling performances to thousands of people. Students who attend this event will have an amazing musical experience that will give them plenty of motivation and excitement as we head into our 2024 marching season.

Discounted group tickets with the Frisco Band will be \$35.

Parents and siblings MAY attend with the show with the Band! A more detailed itinerary of the schedule for the event will be sent out during the summer.

Step 1: *Reserve your ticket by filling out this form:*



Step 2: *Make payment online through CutTime*

(You will receive a notification when this charge is billed in your account, on or around May 23rd)

If you have any more questions, please email Mr. Dillard at dillardh@friscoisd.org

Thanks, and we hope to see all of our members at the show!

-The Frisco Band Staff



Contract

I have read, and understand the expectations of the Frisco High School Color Guard.

I understand that all practices and performances are mandatory.

Parent signature

Date

Student signature

Date

ABSENCE FORM - Below are the dates that my student has a conflict.

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.

	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? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician? Have you ever passed out during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden unexplained death before age 50? 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? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in activities for any heart problems?	<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"/>
4. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below)	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs or feet? Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
5. Are you missing any paired organs?	<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"/>
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Females Only</i> I choose not to provide written information on Question 19 but will discuss with a medical professional: 19. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i> I choose not to provide written information on Question 20 but will discuss with a medical professional: 20. Are you missing a testicle? _____ Do you have any testicular swelling or masses? _____		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<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.		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
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: _____

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.