



University High School Band

131 Bakers Ridge Road • Morgantown, WV 26505 • 304-291-9275 • 304-291-9248 (fax)

June 10, 2015

To save space, here is the most important UHS Band information in bullet format:

- www.uhsband.net is the best resource for band information. Incoming freshmen should check out the “Incoming Freshmen FAQ” on the main page of the website.
- The band also has an e-mail listserv set up for announcements concerning boosters meetings, important dates and information, etc. On the student Health Form (included), parents will be asked for a reliable e-mail address to which the band can send this information. **Veterans, please update this address if necessary.**
- **All band students must now get sports physicals to participate in band. Forms are included with this letter.**
- Email Mr. Palmer at mpalmer@k12.wv.us to receive electronic copies of music. All music will also be distributed at the first rehearsal.
- The **SUMMER CALENDAR** has been available on www.uhsband.net since mid-March.
- All rehearsals besides Band Camp at Camp Muffly are held at UHS. Shuttle buses will again be provided to take students between Cheat Lake Elementary and Westwood Middle and Camp Muffly for Band Camp July 26-31.
- In addition to Field Commanders and Section Leaders, **Leadership Camp (July 13-14) will include ALL seniors.**
- All incoming freshmen (**including those marching in parades only**) attend freshman camp July 15-17. All band members (**including those marching in parades only**) attend basics camp July 20-24.
- Students who have changed their plans with regard to playing to play a fall sport (or whether or not they will be in band) are asked to inform Mr. Palmer by July 1, by sending an e-mail to the address listed at the end of this form so that we can adjust the numbers in the field show drill accordingly.
- Health forms are included in this packet and can be found at www.uhsband.net/forms. **ALL band students must return completed Health Forms before participating in ANY rehearsal or performance.**
- The Band Operating Fee (BOF) will again be \$300 per **family** for the 2015-2016 school year. The BOF is how we fund the day-to-day operations for the school year. Further information about the BOF will be included in the 2015-2016 UHS Band Handbook when it is updated. Families may always opt to pay the \$300 in lieu of fundraising, but **parents who volunteer to work at Band Boosters’ functions receive discounts on the BOF up to \$150. We always need volunteers, so the fee structure is set up to reward families who contribute time.**

CUED Fees:

*CUED Fees... (Camp, Uniform, Equipment, Dry cleaning), and are fees we must collect **in ADDITION to the BOF.***

NOT ALL STUDENTS PAY ALL FEES LISTED. See details below.

FEE	COST	DUE DATE
Band Camp (only for field show marchers)	\$140.00	7/20/14
Uniform Rental (all members)	\$40.00	<i>when uniforms are distributed</i>
School instrument rental <small>(only students who use school-owned instruments)</small>	\$25.00	<i>when instruments are distributed</i>
Tux/Gown dry-cleaning deposit (Sym Winds only)	\$25.00	<i>when tuxes/gowns are distributed</i>
Uniform dry-cleaning fee	\$15.00	<i>when uniforms are distributed</i>
Replacement band t-shirts (first one is free)	\$10.00	
Sectional shirts (not required)	\$10.00	<i>when shirts are ordered</i>
Band shoes (available at Fawley Music)	\$30.00	

ALL CUED FEES MUST BE PAID BY THE FIRST DAY OF SCHOOL ON AUGUST 19.

If you have difficulty paying fees, please contact a director. **The boosters have a program available to assist families with some fees, if necessary.**

Sincerely,



Mark S. Palmer
Director of Bands

DUE PRIOR TO PARTICIPATION IN ANY REHEARSAL OR PERFORMANCE

STAFF USE ONLY

Health Problems
 Allergies

UNIVERSITY HIGH SCHOOL BAND STUDENT HEALTH FORM

1. Student's Name: _____

(LAST)

(FIRST)

(MIDDLE)

2. Date of Birth: _____ / _____ / _____ 3. Home Phone Number: _____

4. Address _____

(STREET)

(CITY)

(STATE)

(ZIP)

5. Parent/Guardian Name: _____

6. Parent/Guardian E-mail: _____

7. Parent/Guardian Employer: _____

8. Parent/Guardian work and/or cell Phone: _____ (w) _____ (c)

9. Emergency contact if a parent/guardian cannot be reached: _____

(NAME)

(PHONE NUMBER)

10. Does student have insurance through parent employer? _____ Yes _____ No

11. If yes, name of insurance company: _____

12. Policy number: _____

13. Student's physician: _____ 14. Physician's phone number: _____

15. Health History: (check all that apply)

Diabetes
 Orthopedic Problems
 Asthma
 Epilepsy
 Cardiac Problems
 Other (Specify) _____

16. Allergies: (check all that apply)

Medication (Specify) _____
 Food (Specify) _____
 Insects (Specify) _____
 Latex _____

17. Medications: At home _____

At School _____

Remember: All medication, including over the counter medication requires a Dr. Order

18. Has student had a tetanus shot current within six years? _____ Yes _____ No

19. Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity or from participating in any activities? _____ Yes _____ No

If yes, please explain: _____

I give permission to the physician or hospital to secure proper treatment for and to order medications, injections, anesthesia or surgery for my child as named above.

(PARENT/GUARDIAN SIGNATURE)

(DATE)

WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION

May 2014

2875 Staunton Turnpike - Parkersburg, WV 26104

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM

(Form required each school year on or after June 1st. File in School Administration Office)

ATHLETIC PARTICIPATION / PARENTAL CONSENT

PART I

Name (Last) (First) (M) School Year: Grade Entering: Home Address: Home Address of Parents: City: City: Phone: Date of Birth: Place of Birth:

Last semester I attended (High School) or (Middle School). We have read the condensed eligibility rules of the WVSSAC athletics. If accepted as a team member, we agree to make every effort to keep up school work and abide by the rules and regulations of the school authorities and the WVSSAC.

INDIVIDUAL ELIGIBILITY RULES

- Attention Athlete! To be eligible to represent your school in any interscholastic contest, you ... must be a regular bona fide student in good standing of the school. (See exception under Rule 127-2-3) must qualify under the Residence and Transfer Rule (127-2-7) must have earned at least 2 units of credit the previous semester. Summer School may be included. (127-2-6) must have attained an overall "C" (2.00) average the previous semester. Summer School may be included. (127-2-6) must not have reached your 15th (MS), 16th (9th) or 19th (HS) birthday before August 1 of the current school year. (127-2-4) must be residing with parent(s) as specified by Rule 127-2-7 and 8. unless parents have made a bona fide change of residence during school term. unless an AFS or other Foreign-Exchange student (one year of eligibility only). unless the residence requirement was met by the 365 calendar days attendance prior to participation. if living with legal guardian/custodian, may not participate at the varsity level. (127-2-8) must be an amateur as defined by Rule 127-2-11. must have submitted to your principal before becoming a member of any school athletic team Participation/Parent Consent/Physician Form, completely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic competition and that your parents consent to your participation. (127-3-3) must not have transferred from one school to another for athletic purposes. (127-2-7) must not have received, in recognition of your ability as a HS or MS athlete, any award not presented or approved by your school or the WVSSAC. (127-3-5) must not, while a member of a school team in any sport, become a member of any other organized team or as an individual participant in an unsanctioned meet or tournament in the same sport during the school sport season (See exception 127-2-10). must follow All Star Participation Rule. (127-3-4) must not have been enrolled in more than (8) semesters in grades 9 to 12. Must not have participated in more than two (2) seasons in the same sport in grades 7 and 8 or more than three (3) seasons while in grades 6-7-8. (Rule 127-2-5). must not have been retained without failing in grades 6, 7 or 8. (127-2-5)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards but also all other standards set by your school and the WVSSAC. If you have any questions regarding your eligibility or are in doubt about the effect any activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation and intent of each rule. Meeting the intent and spirit of WVSSAC standards will prevent athletes, teams, and schools from being penalized.

PART II - PARENTAL CONSENT

In accordance with the rules of the WVSSAC, I give my consent and approval to the participation of the student named above for the sport NOT MARKED OUT BELOW:

- BASEBALL CROSS COUNTRY GOLF SOFTBALL TENNIS VOLLEYBALL BASKETBALL FOOTBALL SOCCER SWIMMING TRACK WRESTLING CHEERLEADING

MEDICAL DISQUALIFICATION OF THE STUDENT-ATHLETE / WITHHOLDING A STUDENT-ATHLETE FROM ACTIVITY

The member school's team physician has the final responsibility to determine when a student-athlete is removed or withheld from participation due to an injury, an illness or pregnancy. In addition, clearance for that individual to return to activity is solely the responsibility of the member school's team physician or that physician's designated representative.

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school (); has football insurance coverage available through the school (); is insured to our satisfaction ().

I also give my consent and approval for the above named student to receive a physical examination, as required in Part IV, Physician's Certificate, of this form, by an approved health care provider as recommended by the named student's school administration.

I consent to WVSSAC's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

I have read/reviewed the concussion information as available through the school and at WVSSAC.org. (Click Sports Medicine)

Date: Student Signature Parent Signature

PART III – STUDENT’S MEDICAL HISTORY

(To be completed by parent or guardian prior to examination)

Name _____ Birthdate ____/____/____ Grade _____ Age _____

Has the student ever had:

- Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures, etc..)
- Yes No 2. Any hospitalizations?
- Yes No 3. Any surgery (except tonsils)?
- Yes No 4. Any injuries that prohibited your participation in sports?
- Yes No 5. Dizziness or frequent headaches?
- Yes No 6. Knee, ankle or neck injuries?
- Yes No 7. Broken bone or dislocation?
- Yes No 8. Heat exhaustion/sun stroke?
- Yes No 9. Fainting or passing out?
- Yes No 10. Have any allergies?
- Yes No 11. Concussion? If Yes _____

Date(s)

Does the student:

- Yes No 12. Have any problems with heart/blood pressure?
- Yes No 13. Has anyone in your family ever fainted during exercise?
- Yes No 14. Take any medicine? List _____
- Yes No 15. Wear glasses____, contact lenses____, dental appliances____?
- Yes No 16. Have any organs missing (eye, kidney, testicle, etc.)?
- Yes No 17. Has it been longer than 10 years since your last tetanus shot?
- Yes No 18. Have you ever been told not to participate in any sport?
- Yes No 19. Do you know of any reason this student should not participate in sports?
- Yes No 20. Have a sudden death history in your family?
- Yes No 21. Have a family history of heart attack before age 50?
- Yes No 22. Develop coughing, wheezing, or unusual shortness of breath when you exercise?
- Yes No 23. (Females Only) Do you have any problems with your menstrual periods.

PLEASE EXPLAIN ANY “YES” ANSWERS OR ANY OTHER ADDITIONAL CONCERNS.

I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE ____/____/____

PART IV – VITAL SIGNS

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Visual acuity: Uncorrected _____/_____; Corrected _____/_____; Pupils equal diameter: Y N

PART V – SCREENING PHYSICAL EXAM

This exam is not meant to replace a full physical examination done by your private physician.

Mouth:

- Appliances Y N
- Missing/loose teeth Y N
- Caries needing treatment Y N
- Enlarged lymph nodes Y N
- Skin - infectious lesions Y N
- Peripheral pulses equal Y N

Respiratory:

- Symmetrical breath sounds Y N
- Wheezes Y N
- Cardiovascular:
- Murmur Y N
- Irregularities Y N
- Murmur with Valsalva Y N

Abdomen:

- Masses Y N
- Organomegaly Y N
- Genitourinary (males only);
- Inguinal hernia Y N
- Bilaterally descended testicles Y N

Musculoskeletal: (note any abnormalities)

- Neck: Y N Elbow: Y N Knee/Hip: Y N Hamstrings: Y N
- Shoulder: Y N Wrist: Y N Ankle: Y N Scoliosis: Y N

RECOMMENDATIONS BASED ON ABOVE EVALUATION:

After my evaluation, I give my:

- _____ Full Approval;
- _____ Full approval; but needs further evaluation by Family Dentist _____; Eye Doctor _____; Family Physician _____; Other _____;
- _____ Limited approval with the following restrictions: _____;
- _____ Denial of approval for the following reasons: _____.

MD/DO/DC/Advanced Registered Nurse Practitioner/Physicians Assistant

Date