



University High School Band

131 Bakers Ridge Road • Morgantown, WV 26508 • 304-291-9275 • 304-291-9248 (fax)

June 6, 2018

Dear band students and parent/guardians,

Please find important UHS Band information below:

- While we are now using other platforms, www.uhsband.net is still the best resource for band information. Incoming freshmen should check out the "Incoming Freshmen FAQ" on the main page of the website if they have not already done so.

The band will again be utilizing the **Charms** website, www.charmsoffice.com for maintaining band student records. The School Code is **UHS Band** and the password for the student area is the student's **School ID #**. We hope to have all new students into **Charms** by the start of the 2018-2019 school year.

We will also be using **Google Classroom** when Chromebooks are redistributed.

- 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.**
- 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.**
- **All band students must now get sports physicals to participate in band.** The physical form is included with this mailing.
- Please 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** was posted to www.uhsband.net in March, and is also included with this letter.
- All summer rehearsals are held at UHS. Rehearsals will start at 9:00 am.
- **Leadership Camp will take place July 19-20 from 9:00-1:00 pm. ALL seniors should attend, and anyone who would like to participate is welcome to join us.**
- All incoming freshmen and new students (**including those marching in parades only**) need to attend Freshman/New Student Camp July 23-24. All band members (**including those marching in parades only**) attend camp July 25-27 and July 30. **STARTING JULY 31, ONLY FIELD SHOW MARCHERS WILL ATTEND.** See attached calendar for times.

- The 2018-2019 group photo will be taken in the Red Gym at the start of rehearsal on Monday, July 30.
- Students who have changed their plans with regard to playing a fall sport (or whether or not they will be in band) are asked to inform Mr. Palmer by sending an e-mail to mpalmer@k12.wv.us by July 1 so that we can adjust the numbers in the field show drill accordingly.
- The Band Operating Fee (BOF) will again be \$300 per **family** for the 2018-2019 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 2018-2019 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 can receive discounts on the BOF up to \$150 total. We always need volunteers, so the fee structure is set up to reward families who contribute time, and a percentage of all fundraisers goes toward any remaining balance.**

CUED Fees:

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

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

FEE	COST	DUE DATE
Field Show Marcher Camp Fee	\$140.00	7/25/18
Uniform Rental (all members)	\$40.00	<i>when uniforms are distributed</i>
School equipment rental <small>(only students who use school-owned equipment)</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	\$25.00	<i>when uniforms are distributed</i>
<i>(THERE IS NO PARADE MARCHER FEE THIS YEAR)</i>		

ALL CUED FEES MUST BE PAID BY THE FIRST DAY OF SCHOOL ON AUGUST 21.

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)

2018-2019 UHS Band Summer Calendar

(Updated 2018.06.02 - check for updates often)

July 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16 Percussion and Guard Camp <i>(as indicated on their respective schedules)</i>	17 Percussion and Guard Camp	18 Percussion and Guard Camp	19 Leadership Camp 9:00-1:00 Percussion and Guard Rehearsals	20 Leadership Camp 9:00-1:00 Percussion and Guard Rehearsals	21
22	23 Freshman/New Student Camp 9:00-1:00 Percussion and Guard Rehearsals	24 Freshman/New Student Camp 9:00-1:00 Percussion and Guard Rehearsals	25 Full Band 9:00-1:00	26 Full Band 9:00-1:00 OPEN HOUSE 6:30	27 Full Band 9:00-1:00	28
29	30 Rehearsal 9:00-1:00 Mon. Co Fair Parade 7:30 pm	31 Day Camp @ UHS 9:00 am-9:00 pm				

2018-2019 UHS Band Summer Calendar

(Updated 2018.06.02 - check for updates often)

August 2018

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Day Camp @ UHS 9:00 am-9:00 pm	2 Day Camp @ UHS 9:00 am-9:00 pm	3 NO REHEARSAL	4
5	6 Day Camp @ UHS 9:00 am-9:00 pm	7 Day Camp @ UHS 9:00 am-9:00 pm	8 Day Camp @ UHS 9:00 am-9:00 pm	9 Day Camp @ UHS 9:00 am-9:00 pm	10 Kennywood Trip All Day	11
12	13 Full Band 9:00-1:00	14 Full Band 9:00-1:00	15 Full Band 9:00-1:00	16 BACK TO SCHOOL BASH 4:00-6:00	17 NO REHEARSAL	18
19	20 Full Band 2:45-5:00	21 FIRST DAY OF SCHOOL (No rehearsal)	22 Rehearsal 2:45-5:00	23 Rehearsal 2:45-5:00	24 <i>No after school rehearsals on Fridays</i>	25
26	27	28 Rehearsal 2:45-5:00	29 Rehearsal 2:45-5:00	30 Rehearsal 2:45-5:00	31	

WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION

May 2018

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, 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).

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 and Sudden Cardiac Arrest 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
L R L R

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

Any “YES” under Cardiovascular requires a referral to family doctor or other appropriate healthcare provider.

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

HEADS+UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just “not feeling right” or “feeling down” 	<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion:
Don’t assess it yourself. Take him/her out of play.
Seek the advice of a health care professional.

It’s better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.





WVSSAC

SUDDEN CARDIAC ARREST AWARENESS



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 are the symptoms/warning signs of Sudden Cardiac Arrest?

- SCA should be suspected in any athlete who has collapsed and is unresponsive
- Fainting, a seizure, or convulsions during physical activity
- Dizziness or lightheadedness during physical activity
- 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/warning signs may necessitate further evaluation from your physician before returning to practice or a game.

What causes Sudden Cardiac Arrest?

- Conditions present at birth (inherited and non-inherited heart abnormalities)
- A blow to the chest (Comotio Cordis)
- An infection/inflammation of the heart, usually caused by a virus. (Myocarditis)
- Recreational/Performance-Enhancing drug use.
- Other cardiac & medical conditions / Unknown causes. (Obesity/Idiopathic)

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical which is mandatory annually in West Virginia.
- Always answer the heart history questions on the student Health History section of the WVSSAC Physical Form completely and honestly.
- Additional screening may be necessary at the recommendation of a physician.

What is the treatment for Sudden Cardiac Arrest?

- Act immediately; time is critical to increase survival rate
- Activate emergency action plan
- Call 911
- Begin CPR
- Use Automated External Defibrillator (AED)

Where can one find additional information?

- Contact your primary health care provider
- American Heart Association (www.heart.org)

DON'T LET AN INJURY LEAD TO AN OPIOID ADDICTION

2 MILLION ATHLETES ARE EXPECTED TO SUFFER A SPORTS INJURY THIS YEAR

MANY OF THESE ATHLETES WILL BE PRESCRIBED OPIOID PAINKILLERS

75% OF HIGH SCHOOL HEROIN USERS STARTED WITH PRESCRIPTION OPIOIDS

HIGH SCHOOL ATHLETES ARE AT RISK OF BECOMING ADDICTED TO PRESCRIPTION DRUGS

- 28.4% used medical opioids at least once over a three year period.
- 11% of high school athletes have used an opioid medication for nonmedical reasons.
- Nearly 25% of students who chronically use prescription opioids also use heroin.

WHAT ARE OPIOIDS?

Opioids are a powerful and addictive type of prescription painkiller that have similar chemical properties and addiction risks as heroin. While opioids may provide temporary relief, they do nothing to address the underlying injury and can have serious side effects.

These drugs may lead to: dependence, tolerance, accidental overdose, coma and death.

The most common prescribed opioid painkillers in West Virginia are:

- Oxycodone (OxyContin)
- Hydrocodone (Lortab and Vicodin)

HOW TO PROTECT YOUR CHILD

- Talk to your healthcare provider about alternative pain management treatment options (see below).

First-time prescription opioid users have a 64% higher risk of early death than patients who use alternative pain medication.

- If your child is prescribed an opioid painkiller, talk about the dangers of misusing medication, including overuse and medication sharing.
- Monitor your child's intake of prescription medication to ensure he/she is following dosage instructions.
- Safely dispose of any unused medication through a prescription drug drop box or a DEA Take-Back program.

NON-NARCOTIC PAIN MANAGEMENT ALTERNATIVES

Physical Therapy
Chiropractic
Massage Therapy
Acupuncture
Over-the-Counter Medication

