PARENT/STUDENT UIL MARCHING BAND
ACKNOWLEDGEMENT FORM

No student may be required to attend practice for marching band for more than eight hours of rehearsal outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band.

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
- Playing 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: An extensive Q&A for the Eight Hour Rule for Marching Band can be found on the Music Page of the UIL Web Site at: www.uil.utexas.edu

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

Parent Signature_____Date_____

Student Signature_____Date_____

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

'19 – '20 PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 03-20-19

This **MEDICAL HISTORY FORM** must be completed ***annually*** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

ID# _____ Grade Entering '19-'20 _____ School _____ Sport _____

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
1.	Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
	Have you ever had surgery?	☐	☐
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 unexpected death before age 50?	☐	☐
	Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (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 sports for any heart problems?	☐	☐
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)		
	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?	☐	☐
5.	Are you missing any paired organs?	☐	☐
6.	Are you under a doctor's care?	☐	☐
7.	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐
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?	☐	☐

		Yes	No
13.	Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
	Do you have asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
14.	Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
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:		

☐ Head ☐ Elbow ☐ Hip
☐ Neck ☐ Forearm ☐ Thigh
☐ Back ☐ Wrist ☐ Knee
☐ Chest ☐ Hand ☐ Shin/Calf
☐ Shoulder ☐ Finger ☐ Ankle
☐ Upper Arm ☐ Foot

16.	Do you want to weight more or less than you do now?	☐	☐
17.	Do you feel stressed out?	☐	☐
18.	Have you ever been diagnosed with or treated for sickle cell trait or cell disease?	☐	☐

Females only

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? _____

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

_____

_____

_____

It is understood that even though protective equipment is worn by the athlete, 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 athletic competition, 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.

X **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: X _____ 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 OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

'19 – '20

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 athletic participation and again prior to first and third years of high school athletic 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)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
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: _____

X Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

Cypress Fairbanks ISD

An electrocardiogram (ECG or EKG) screen can help identify young athletes who are at risk for Sudden Cardiac Arrest (SCA), a condition where death can result from an abrupt loss of heart function. An ECG screening may assist in diagnosing several different heart conditions that may contribute to SCA.

By signing below, I am either electing or declining an ECG screen provided by **CYPRESS FAIRBANKS** ISD for my child. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that SCA or other cardiac events may still occur, despite this screening. I further acknowledge that students with an abnormal ECG will be required to undergo further testing (e.g. an echo or ultrasound) and/or a medical consultation prior to being released to resume participation for **CYPRESS FAIRBANKS ISD** extracurricular activities. By my signature below, I hereby release and forever discharge, and waive, any and all claims against The Cody Stephens Go Big Or Go Home Memorial Foundation (GBOGH) and **CYPRESS FAIRBANKS ISD,** their employees, trustees, consultants, volunteers and contractors that relate to my election regarding and/or my child's participation in the ECG screening. I authorize medical personnel to review the ECG results, and interpret and use the same for diagnostic and aggregated statistical purposes in accordance with the Family Educational Rights and Privacy Act and Health Insurance Portability and Accountability Act of 1996.

☐ I DO hereby **CONSENT** to participation in the ECG screen on behalf of my minor child. **This a free screening Provided by CYPRESS FAIRBANKS ISD.**

☐ I DO NOT consent to participation in the ECG screen on behalf of my minor child.

_____ _____

Child's Name Printed Date

_____ _____

Parent/Guardian Name Printed Parent/Guardian Signature

_____ _____

Parent/Guardian E-Mail address (Please print) Parent/Guardian Phone #

Participant Information

Student Last Name: _____ Student First Name: _____

Male _____ Female _____ Race: _____ Birthdate _____/_____/_____

Student ID#: _____ Weight: _____ Height: _____ Sport: _____ Grade: _____

Student Cardiac History (if any): _____

Family Cardiac History (if any): _____

Does student currently take any of the following medication? (Mark all that apply):

ADD/ADHD_____ Asthma medication/inhaler_____ Heart-related _____ Seizure _____

Thank you for participating in this important heart screening!

During the screening, you will be asked the following questions. Please be sure to ask the screening staff or volunteers if you have any questions or concerns about answering them.

- Have you ever experienced chest pain or discomfort with exercise?
- Have you ever passed out or nearly passed out?
- Have you ever had excessive shortness of breath or fatigue with exercise?
- Have you been told you have a heart murmur?
- Have you had high blood pressure?
- Does anyone in your family have genetic or heart arrhythmia problems?
- Has anyone in your family under the age of 50 died suddenly or unexpectedly from heart disease?
- Has anyone in your family under the age of 50 been disabled from heart disease?
- Have you had a prior restriction from participation in sports because of your heart?
- Have you had a physician order a heart test for you?

2019 PHYSICAL SCHEDULE

PARENTS / GUARDIANS: ALL CFISD ATHLETIC PAPERWORK MUST BE COMPLETE PRIOR TO PHYSICAL
COST OF PHYSICAL: $20.00 CASH ONLY OR MONEY ORDER ONLY

CAMPUS	DATE	TIME	LOCATION	8TH GRADE FEEDERS
BRIDGELAND	Thursday, May 23,2019	1:00 pm - 5:00 pm	BRIDGELAND MAIN GYM	CURRENT 8th-GRADE FEEDERS SALYARDS, SMITH
CY CREEK	Thursday, May 9, 2019	2:30 pm - 6:30 pm	CY CREEK TBA	CURRENT 8th-GRADE FEEDERS BLEYL, CAMPBELL, HAMILTON
CY FAIR	Saturday, May 18, 2019	9:00 am - 12:00 pm	CY FAIR MAIN GYM	CURRENT 8th-GRADE FEEDERS ARNOLD, HAMILTON
CY FALLS	Wednesday, April 10, 2019	4:00 pm - 7:00 pm	CY FALLS MAIN GYM	CURRENT 8th-GRADE FEEDERS LABAY, TRUITT
CY LAKES	Tuesday, April 30, 2019	1:40 pm - 5:00 pm	CY LAKES MAIN GYM	CURRENT 8th-GRADE FEEDERS THORNTON, WATKINS
CY PARK	Wednesday, May 15, 2019	1:45 pm - 5:00 pm	CY PARK MAIN GYM	CURRENT 8th-GRADE FEEDERS THORNTON, HOPPER
CY RANCH	Wednesday, April 17, 2019	4:00 pm - 7:30 pm	CY RANCH MAIN GYM	CURRENT 8th-GRADE FEEDERS SALYARDS, SMITH, ANTHONY
CY RIDGE	Tuesday, May 21, 2019	1:30 pm - 5:00 pm	CY RIDGE MAIN GYM	CURRENT 8th-GRADE FEEDERS CAMPBELL, DEAN, TRUITT
CY SPRINGS	Thursday, Aprill 11, 2019	1:30 pm - 4:30 pm	CY SPRINGS MAIN GYM	CURRENT 8th-GRADE FEEDERS HOPPER, KAHLA, ANTHONY
CY WOODS	Saturday, May 4, 2019	12:00 pm - 2:00 pm	CY WOODS MAIN GYM	CURRENT 8th-GRADE FEEDERS GOODSON, SPILLANE
JERSEY VILLAGE	Tuesday, April 9, 2019	1:30 pm - 5:30 pm	JERSEY VILLAGE LARGE COMMONS	CURRENT 8th-GRADE FEEDERS COOK, DEAN
LANGHAM CREEK	Tuesday, May 14, 2019	1:30 pm - 5:30 pm	LANGHAM CREEK MAIN GYM	CURRENT 8th-GRADE FEEDERS ARAGON, KAHLA, SMITH

MIDDLE SCHOOL PHYSICALS - CURRENT 6th AND 7th GRADERS

CAMPUS	DATE	TIME	LOCATION	CURRENT 6th & 7th GRADERS
THORNTON	Saturday, May 4, 2019	8:00	CY RANCH HS	CURRENT 6th & 7th GRADERS
KAHLA		9:00	MAIN GYM	CURRENT 6th & 7th GRADERS
ANTHONY	Physicals by	10:00		CURRENT 6th & 7th GRADERS
HOPPER	NORTH CYPRESS PHYSICIANS	10:30		CURRENT 6th & 7th GRADERS
SMITH		11:00		CURRENT 6th & 7th GRADERS
WATKINS		12:00		CURRENT 6th & 7th GRADERS

CAMPUS	DATE	TIME	LOCATION	CURRENT 6th & 7th GRADERS
ARAGON	Saturday, May 4, 2019	8:00	CY RIDGE HS	CURRENT 6th & 7th GRADERS
COOK		8:30	MAIN GYM	CURRENT 6th & 7th GRADERS
CAMPBELL	Physicals by	9:00		CURRENT 6th & 7th GRADERS
DEAN	METHODIST PHYSICIANS	10:00		CURRENT 6th & 7th GRADERS
LABAY		11:00		CURRENT 6th & 7th GRADERS
TRUITT		12:00		CURRENT 6th & 7th GRADERS

CAMPUS	DATE	TIME	LOCATION	CURRENT 6th & 7th GRADERS
SPILLANE	Saturday, May 4, 2019	8:00	CY WOODS	CURRENT 6th & 7th GRADERS
BLEYL		9:00	MAIN GYM	CURRENT 6th & 7th GRADERS
HAMILTON	Physicals by	9:30		CURRENT 6th & 7th GRADERS
SALYARDS	MEMORIAL HERMANN PHYSICIANS	10:00		CURRENT 6th & 7th GRADERS
ARNOLD		11:00		CURRENT 6th & 7th GRADERS
GOODSON		12:00		CURRENT 6th & 7th GRADERS

PARENTS / GUARDIANS: ALL CFISD ATHLETIC PAPERWORK MUST BE COMPLETE PRIOR TO PHYSICAL
COST OF PHYSICAL: $20.00 CASH OR MONEY ORDER ONLY IF PAYING AT PHYSICAL SITE