

# *Frisco High School Band*

## *Pre-Registration Packet 2020-21*



### **Forms and Information Included:**

#### **Due July 27<sup>th</sup>:**

1. Medical History Form (*complete and return with physical exam form- due July 27<sup>th</sup>*)
2. Physical Examination Form\* (*performed and filled out by doctor- due July 27<sup>th</sup>*)

*\*The UIL has determined that full physical exams will be required for NEW MEMBERS only for 2020-21 (all members complete Medical History Form). We plan to start band camp on July 27<sup>th</sup>, and completed Medical History Forms/Physical Exam Forms must be on hand at that time. We will keep everyone advised of updates from the UIL.*

#### **Due June 1<sup>st</sup>:**

3. Charms Database Instructions  
*Complete Charms information update ONLINE by June 1<sup>st</sup>; no form to return*
4. Off-Campus Activity Permission Form (*complete and return by June 1<sup>st</sup>*)

Please complete **Off-Campus Activity Permission Form** and **\$50 band pre-registration fee\***

Checks should be made out to "Frisco Band Booster Association"

*(\*Returning members who deducted their fee from their spring trip refunds do not include)*

Forms should be scanned and uploaded at [this link](#); please also hold on to your paper copies, to be turned in at the start of Band Camp on July 27<sup>th</sup>.

Payments during the summer should be made through PayPal on Charms- [click here](#) for instructions.

# PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2017

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 \_\_\_\_\_  
 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 sports 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?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<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 sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
4. Have you ever had a head injury or concussion?	<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"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
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"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

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.

**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 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 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*
<b>MEDICAL</b>			
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: \_\_\_\_\_

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.

# Frisco High School Band and Color Guard



## Login Instructions and Payment Information

The FHS Band Boosters utilize the **Charms Office Assistant** website, along with the directors, for communication with families, as well as the recording and processing of financial transactions. As a result, **it is critical that your information is updated and maintained. See instructions below.**

### Logging in/ profile update:

- Go to <https://www.charmsoffice.com>
- Move your mouse over the Login Button in the upper right-hand corner of your screen.
- Click on **Parents/Students/Members**
- Enter our **School Code: FriscoHSband**
- **Enter Student Password:** *If this is the first time you or your student is accessing Charms at Frisco HS, the password will be your student's Frisco ISD I.D. #. If that does not work, ask your student if they have changed the password. If they don't know, you will need to contact one of the directors to reset the password.*
- Click on **"Update Info"** and review all data for accuracy. Make any necessary changes and additions, and please create a profile and/or update information for each parent.

### Finances online through Charms:

**We will utilize Charms to offer an online payment option for you to use as a convenience throughout the year.**

- Login to your account and click on **"Finances"**. You should see any payments made, balances due, and the option to make online payments on balances.
  - **Please note that the option to pay online via PayPal will include a processing fee of 3%** to cover the cost of fees charged by PayPal for such processing.
  - We will continue to accept payments via cash or check, and will continue to maintain our Black Box\* in the band hall for payment drop off.
    - **\*Information for new Band parents:** There is a deposit box in the band hall referred to as the **"Black Box"**. Students or parents can drop off any payments due in the box which is checked regularly by the Boosters. *It is important that any such payments be in an envelope clearly marked with student name and payment description.*
  - Going forward, you will now be able to check Charms to ensure your payment was received and posted, even if paying by cash or check.
  - We will use Charms to track and accept online payments throughout the year for events such as the Band Trip, Banquet, etc. We will communicate details as these arise.
- **At Band registration, we will be accepting cash and check (payable to FHS Band Boosters), as well as credit card payments (with a 3% processing fee).** All payments received at registration should be posted and reflected in your charms account within 1 week. If for some reason you are not able to make payment at registration, you will have the option to pay online through the PayPal link (This will include the processing fee noted above).

**Questions?** Please contact our current Band Treasurer- [treasurer@friscobandboosters.com](mailto:treasurer@friscobandboosters.com)

**2020-21 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.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Student SIGNATURE

\_\_\_\_\_  
Parent/Guardian SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date