# Frisco High School Band
# Pre-Registration Packet 2022-23

**Forms and Information Included:**

## Due by July 25th:

1. Medical History Form *(complete and return with physical exam form- due by July 25th)*
2. Physical Examination Form* *(performed and filled out by doctor- due by July 25th)*

**Per FISD policy, ALL students will need to get their physical exam performed by a doctor and submit the form yearly- thank you!*

## Due May 24th:

3. $50 Pre-registration fee- Paid online via Charms
4. Charms Database Update

*Complete your Charms information update and Pre-Reg Fee payment ONLINE by May 24th; instructions are included in this packet, but do not need to be returned*

5. Off-Campus Activity Permission Form
6. UIL Marching Band Acknowledgement
7. UIL Cardiac Awareness Form
8. DCI Show Ticket Order Form *(Optional, but highly recommended!)*

Please return the **Off-Campus Activity Permission Form, UIL Marching Band Acknowledgement, and UIL Cardiac Awareness Form** by May 24th, the first day of the Frisco Band Music Camp. The paperwork should be handed to a Frisco Band director.

The **$50 Pre-registration fee** should be paid online by May 24th, via the student's *Frisco Band* CHARMS account- see part 4 of this packet, Charms Database Instructions.

*If desired, the fee may be paid by check, included in the student's envelope containing their paperwork. Checks should be made out to "Frisco Band Booster Association"

# PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2020

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 |
|---|---|---|---|
| 1. | Have you had a medical illness or injury since your last check up or 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 unexplained 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 activities 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 activity 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 weigh 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 sickle 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? _____

*Males Only*

20. Are you missing a testicle? _____

21. Do you have any testicular swelling or masses? _____

☐ 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.

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

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.

# EVALUACIÓN FÍSICA PREVIA A LA PARTICIPACIÓN: HISTORIAL MÉDICO

2020

El padre (o tutor) y el estudiante deben completar este **FORMULARIO DE HISTORIAL MÉDICO *cada año*** para que el estudiante pueda participar en las actividades. Estas preguntas están diseñadas para determinar si el estudiante ha desarrollado alguna condición que haga que su participación en un evento sea riesgosa.

Nombre del estudiante: (letra imprenta)_____ Sexo:_____ Edad:_____ Fecha de nacimiento:_____

Dirección:_____ Teléfono:_____

Grado:_____ Escuela: _____

Médico personal_____ Teléfono:_____

*En caso de emergencia, comuníquese con:*

Nombre:_____ Parentesco:_____ Teléfono: (C)_____ (T)_____

| | | Sí | No |
|---|---|---|---|
| 1. | ¿Ha tenido una enfermedad o lesión desde su última revisión médica o examen físico? | ☐ | ☐ |
| 2. | ¿Ha estado hospitalizado durante al menos una noche en el último año? | ☐ | ☐ |
| | ¿Alguna vez se ha sometido a una cirugía? | ☐ | ☐ |
| 3. | ¿Alguna vez un médico le ha solicitado que se realice pruebas cardíacas previas? | ☐ | ☐ |
| | ¿Alguna vez se ha desmayado mientras hacía ejercicio o después de hacerlo? ¿Alguna vez ha experimentado un dolor en el pecho mientras hacía ejercicio o después de hacerlo? | ☐ | ☐ |
| | ¿Se cansa más rápido que sus amigos durante el ejercicio? | ☐ | ☐ |
| | ¿Alguna vez ha tenido latidos cardíacos acelerados o interrumpidos? ¿Ha tenido presión arterial alta o colesterol alto? | ☐ | ☐ |
| | ¿Alguna vez le han dicho que tiene un soplo cardíaco? | ☐ | ☐ |
| | ¿Algún miembro de su familia o pariente ha muerto por problemas cardíacos o por muerte súbita e inesperada antesde los 50 años? | ☐ | ☐ |
| | ¿Algún miembro de su familia tiene un diagnóstico de agrandamiento del corazón (miocardiopatía dilatada), miocardiopatía hipertrófica, síndrome del QT largo u otra canalopatía iónica (como el síndrome de Brugada, entre otros), síndrome de Marfan o ritmo cardíaco anormal? | ☐ | ☐ |
| | ¿Ha tenido una infección viral grave (por ejemplo, miocarditis o mononucleosis) en el último mes? | ☐ | ☐ |
| | ¿Alguna vez un médico le ha negado o restringido su participación en actividades debido a un problema cardíaco? | ☐ | ☐ |
| | | ☐ | ☐ |
| 4. | ¿Alguna vez ha sufrido una lesión en la cabeza o una conmoción cerebral? | ☐ | ☐ |
| | ¿Alguna vez lo han noqueado, ha quedado inconsciente o ha perdido la memoria? | | |
| | En caso afirmativo, ¿cuántas veces? _____ | | |
| | ¿Cuándo fue su última conmoción cerebral? _____ | ☐ | ☐ |
| | ¿Qué tan severa fue cada una? (Explique en el cuadro de abajo) | | |
| | ¿Alguna vez ha convulsionado? | ☐ | ☐ |
| | ¿Tiene dolores de cabeza frecuentes o intensos? ¿Alguna vez ha sentido entumecimiento u hormigueo en los brazos, manos, piernas o pies? | ☐ | ☐ |
| | ¿Alguna vez ha tenido un nervio oprimido,,irritado o pinzado? | ☐ | ☐ |
| 5. | ¿Le falta algún órgano par? | ☐ | ☐ |
| 6. | ¿Se encuentra bajo el cuidado de un médico? | ☐ | ☐ |
| 7. | ¿En la actualidad, toma algún medicamento o píldora con receta médica o sin ella (de venta libre). o utiliza un inhalador? | ☐ | ☐ |
| 8. | ¿Tiene alguna alergia (por ejemplo, al polen, a medicamentos, alimentos o insectos que pican)? | ☐ | ☐ |
| 9. | ¿Alguna vez se ha mareado mientras hacía ejercicio o después de hacerlo? | ☐ | ☐ |
| 10 | ¿Tiene algún problema cutáneo actual (por ejemplo, picazón, sarpullidos, acné, verrugas, hongos o ampollas)? | ☐ | ☐ |
| | | ☐ | ☐ |
| 11 | ¿Alguna vez se ha enfermado por hacer ejercicio en el calor? | ☐ | ☐ |
| 12 | ¿Ha tenido algún problema con sus ojos o visión? | ☐ | ☐ |

| | | Sí | No |
|---|---|---|---|
| 13. | ¿Alguna vez le ha faltado el aire de manera inesperada mientras hacía ejercicio? | ☐ | ☐ |
| | ¿Tiene asma? | ☐ | ☐ |
| 14. | ¿Tiene alergias estacionales que requieren un tratamiento médico? | ☐ | ☐ |
| | ¿Utiliza algún equipo correctivo o de protección especial, o dispositivos que no suelen utilizarse para su actividad o posición (por ejemplo, rodilleras, un rollo especial para el cuello, aparatos ortopédicos para los pies, retenedores en los dientes o audífonos)? | ☐ | ☐ |
| | ¿Alguna vez ha tenido un esguince, distensión o hinchazón después de una lesión? ¿Se ha roto o fracturado algún hueso, o dislocado alguna articulación? | ☐ | ☐ |
| | | ☐ | ☐ |
| 15. | ¿Ha tenido algún otro problema de dolor o hinchazón en los músculos, tendones, huesos o articulaciones? | ☐ | ☐ |
| | En caso afirmativo, marque la casilla correspondiente y explique en el cuadro de abajo: | | |
| | ☐ Cabeza ☐ Codo ☐ Pie | | |
| | ☐ Cuello ☐ Antebrazo ☐ Muslo | | |
| | ☐ Espalda ☐ Muñeca ☐ Rodilla | | |
| | ☐ Pecho ☐ Mano ☐ Tobillo | | |
| | ☐ Hombro ☐ Canilla/Pantorrilla ☐ Dedo | | |
| | ☐ Brazo | | |
| 16 | ¿Quiere pesar más o menos de lo que pesa ahora? | ☐ | ☐ |
| 17. | ¿Se siente estresado? | ☐ | ☐ |
| 18. | ¿Alguna vez le han diagnosticado o ha recibido tratamiento para el rasgo de células falciformes o la enfermedad de células falciformes? | ☐ | ☐ |

*Solo mujeres*

19. ¿Cuándo tuvo su primer período menstrual? _____

¿Cuándo tuvo su período menstrual más reciente? _____

¿Cuánto tiempo suele pasar desde el inicio de un período hasta el inicio del otro? _____

¿Cuántos períodos ha tenido en el último año? _____

¿Cuál fue el tiempo más largo que pasó entre un período y el otro en el último año?

*Solo hombres*

20 ¿Tiene dos testículos? _____

21 Tiene hinchazón o masas en los testículos?_____

☐ No es necesario que se realice un electrocardiograma (ECG). He leído y entiendo la información sobre el examen cardíaco en el Formulario de concientización sobre paro cardíaco repentino de la UIL. Al marcar esta casilla, elijo que se le realice un ECG a mi estudiante para un examen cardíaco adicional. Entiendo que es responsabilidad de mi familia programar y pagar dicho ECG.

EXPLIQUE SUS RESPUESTAS "SÍ" EN EL CUADRO DE ABAJO (adjunte otra hoja si es necesario)

Se entiende que, a pesar de que los atletas usan un equipo de protección siempre que es necesario, la posibilidad de un accidente sigue existiendo. Ni la Liga Interescolástica Universitaria ni la escuela asumen ninguna responsabilidad en caso de que ocurra un accidente.

Si, a juicio de cualquier representante de la escuela, el estudiante mencionado anteriormente necesitase atención y tratamiento inmediatos como resultado de cualquier lesión o enfermedad; por la presente solicito, autorizo y consiento que cualquier médico, entrenador deportivo, enfermero o representante de la escuela le provea tal atención y tratamiento a dicho estudiante. Por la presente acepto indemnizar y mantener indemne a la escuela y a cualquier representante de la escuela u hospital ante cualquier reclamo de cualquier persona a causa de tal atención y tratamiento de dicho estudiante.

Si, entre esta fecha y el comienzo de la participación, el estudiante manifestase alguna enfermedad o sufriera alguna lesión que pudiese limitar su participación, acepto notificar a las autoridades escolares sobre dicha enfermedad o lesión.

**Por la presente declaro que, a mi leal saber y entender, mis respuestas a las preguntas anteriores son completas y correctas. No proporcionar respuestas veraces podría someter al estudiante en cuestión a las sanciones que determine la UIL.**

Firma del alumno: _____ Firma del padre o tutor: _____ Fecha: _____

**Cualquier respuesta afirmativa a las preguntas 1, 2, 3, 4, 5 o 6 requiere una evaluación médica adicional que puede incluir un examen físico. Se requiere una autorización por escrito de un médico, asistente médico, quiropráctico o enfermero practicante antes de participar en prácticas, juegos o partidos de la UIL. ESTE FORMULARIO DEBE ESTAR EN EL ARCHIVO ANTES DE LA PARTICIPACIÓN EN CUALQUIER ENTRENAMIENTO, PRÁCTICA, PRESENTACIÓN**

***Solo para uso de la escuela:***

Este formulario de historial médico fue revisado por: Nombre en letra imprenta:_____ Fecha:_____ Firma: _____

**EVALUACIÓN FÍSICA PREVIA A LA PARTICIPACIÓN: EXAMEN FÍSICO**

Nombre del estudiante:_____ Sexo:_____ Edad:_____ Fecha de nacimiento:_____

Talla:_____ Peso:_____ Porcentaje de grasa corporal (opcional):_____ Pulso:_____ PA:____/____ (____/____, ____/____)
Presión arterial braquial mientras está sentado

Visión: D 20/_____ I 20/___ Corregida: ☐ Sí ☐ No Pupilas: ☐ Iguales ☐ Desiguales

Como requisito mínimo, este **formulario de examen físico** debe completarse antes de la participación en la escuela intermedia y otra vez antes del primer y tercer año de participación en la escuela secundaria. Asimismo, ***debe*** completarse si hay respuestas afirmativas a las preguntas específicas del FORMULARIO DEL HISTORIAL MÉDICO del estudiante que se encuentra en el reverso. **** La política del distrito local puede requerir un examen físico anual.***

| | NORMAL | HALLAZGOS ANORMALES | INICIALES* |
|---|---|---|---|
| **EXAMEN MÉDICO** | | | |
| **Apariencia** | | | |
| **Ojos/oídos/nariz/garganta** | | | |
| **Ganglios linfáticos** | | | |
| **Corazón: auscultación del corazón en posición supina** | | | |
| **Corazón: auscultación del corazón de pie** | | | |
| **Corazón: pulsos de las extremidades inferiores** | | | |
| **Pulsos** | | | |
| **Pulmones** | | | |
| **Abdomen** | | | |
| **Genitales (solo hombres)** | | | |
| **Piel** | | | |
| **Estigmas de Marfan (aracnodactilia, pectus excavatum, hipermovilidad articular, escoliosis)** | | | |

| | | | |
|---|---|---|---|
| **EXAMEN MUSCULOESQUELÉTICO** | | | |
| **Cuello** | | | |
| **Espalda** | | | |
| **Hombro/brazo** | | | |
| **Codo/antebrazo** | | | |
| **Muñeca/mano** | | | |
| **Cadera/muslo** | | | |
| **Rodilla** | | | |
| **Pierna/tobillo** | | | |
| **Pie** | | | |
| | | | |

*** Solo para los exámenes que se realizan en estaciones**

**AUTORIZACIÓN**

☐ Autorizado

☐ Autorizado después de completar una evaluación o rehabilitación para:_____

_____

☐ No autorizado para:_____ Razón:_____

Recomendaciones:_____

_____

*Un médico, un asistente médico que cuente con la autorización de una Junta del Estado de Examinadores Asistentes Médicos, un enfermero registrado que cuente con el reconocimiento de la Junta de Enfermeros Examinadores, como un enfermero de prácticas avanzado, o un doctor en Quiropráctica debe completar y firmar la siguiente información. No se aceptarán los formularios de examen que tengan la firma de cualquier otro médico.*

Nombre (letra imprenta) _____ Fecha del examen:_____

Dirección:_____

Número de teléfono:_____

Firma:_____

Debe completarse antes de que un estudiante participe en cualquier práctica, antes, durante o después de la escuela (tanto durante la temporada como fuera de la temporada), o en cualquier presentación, juego o partido.

FRISCO HIGH SCHOOL
TOUCHDOWN CLUB FUNDRAISER

# SPORTS PHYSICALS

**$20**

## 1.REGISTER:

*Please register at link whether paying online or at the event.

https://friscoraccoonfootball.sportngin.com/register/form/432237133

## 2. ARRIVE AT SCHEDULED TIME:

**ALL STUDENTS WELCOME**
***ALL SPORTS, MIDDLE SCHOOL & HIGH SCHOOL***

| | |
|---|---|
| A-J | 7:45 am |
| K-O | 8:15 am |
| P-Z | 8:45 am |

** You MUST bring a signed (parent/guardian) copy of the FISD Physical and Medical History forms.

Sports Physicals provided by Dr. Rhodes, FHS Team Doctor

## LOCATION:

**BAYLOR, SCOTT & WHITE @ THE STAR**

3800 Gaylord Pkwy
**FRISCO TX 75034**

MASKS REQUIRED

All proceeds go to the Touchdown Club

# Saturday, May 14

# 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.

***Easy-to-follow Login and Payment Click Sheet- Click here or scan!***

**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 about payments?** Please contact our current Band Treasurer- treasurer@friscobandboosters.com

**2022-23 FRISCO HIGH SCHOOL BAND/COLOR GUARD**

# STUDENT/PARENT AUTHORIZATION & RELEASE FOR OFF-CAMPUS ACTIVITES

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-CURCULAR 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 |

**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."

Parent Signature_____Date_____

Student Signature_____Date_____

Print Student Name_____

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

**FORMULARIO DE ACUSE DE RECIBO**
**DEL PADRE/ESTUDIANTE DE LA BANDA**
**DE MARCHA DE LA UIL**

*Actualizado en 2018*

No se le puede requerir a ningún estudiante que asista a una práctica relacionada con la banda durante más de ocho horas fuera del día escolar académico por semana calendario (de domingo a sábado). Esta disposición se aplica a los estudiantes en todos los componentes de la banda de marcha. **Excepción:** para las escuelas que comienzan la instrucción antes del cuarto lunes de agosto, el límite de ocho horas de ensayo fuera del día escolar académico por semana calendario comenzará el martes inmediatamente posterior al Día del Trabajo. Las escuelas bajo esta excepción se limitarán a ocho horas de ensayo fuera del día académico por semana escolar (12:01 a. m. el primer día de clases de la semana calendario hasta el final del día escolar el último día de instrucción de la semana escolar) hasta el martes inmediatamente posterior al Día del Trabajo.

En días de actuación (partidos de fútbol, competiciones y otras actuaciones públicas) las bandas pueden tener hasta una hora adicional de calentamiento y practicar más allá del tiempo de calentamiento programado. Las actuaciones múltiples en el mismo día no permiten la práctica adicional y el tiempo de calentamiento.

Ejemplos de actividades sujetas a la regla de ocho horas de la Banda de marcha de la UIL.

- Ensayo de la Banda de marcha (banda completa y componentes)
- Cualquier actividad instructiva del grupo de la Banda de marcha
- Descansos
- Anuncios
- Repaso y visualización de videos de la Banda de marcha
- Traspaso de la música de la Banda de marcha
- Seccionales de Banda de marcha (dirigidos por el director y el estudiante)
- Clínicas para la Banda de marcha o cualquiera de sus componentes

Las siguientes actividades no están incluidas en la asignación de ocho horas:

- Tiempo de viaje hacia y desde ensayos y presentaciones
- Tiempo de preparación del ensayo
- Reuniones motivadoras para eventos deportivos, desfiles y otras actuaciones públicas
- Instrucción y práctica para actividades musicales a parte de la Banda de marcha y sus Componentes

NOTA: puede encontrar más información sobre las limitaciones de la práctica de la Banda de marcha en:
www.uiltexas.org/music/marching-band

"Hemos leído y comprendido la regla de las ocho horas de la Banda de marcha según lo indicado anteriormente y acordamos cumplir con estas reglamentaciones".

Firma del padre_____ Fecha_____

Firma del alumno_____ Fecha_____

Imprimir nombre _____

Este formulario debe ser archivado por el distrito escolar local.

*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.

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Student Signature

Student Name (Print)

Date

Dear Parents and Students,

On the evening of Tuesday, July 26th, the Frisco High School band will be attending the DCI McKinney show at McKinney ISD Stadium in McKinney, Texas. We would like every member of our band program to attend this exciting event! *This is after the start of our band camp, so everyone 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 the 2022 marching season.

Tickets for the event will be $30 and the money must be received by May 25th at the latest.

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

***Step 2*: Make payment online through Charms (Wait one week after filling out reservation form), or by sending payment on May 24th with pre-registration materials- checks can be made out to "Frisco Band Boosters"**

A more detailed itinerary of the schedule for the event will be sent out to all parents and students at the beginning of the summer.

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

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

Frisco Band Staff