

South Broward High School Bulldog Band



"Let's Play!"

**2019/2020
Pep Band Program
Information**

- **Please fill out, sign, and return pages 8 through 16 by 8/30/19**
 - **Pages 14-16 must be filled out by a medical professional, have a doctors stamp and turned in by 8/30/19**
 - **\$100 deposit by 8/30/19 (EXCEPT RETURNING)**
 - **KEEP ALL OTHER PAGES**
 - **Final Payments Due 9/27/19**

Fundraising Options for Students

While generating band fees is necessary in order to provide our students with a band experience that enriches their abilities and affords them opportunities to perform, we understand that the fees are expensive. As an option to alleviate the total cost of the band package, we have scheduled a fundraiser that can be used to reduce the cost of the band fees. All band students will have the OPTION of participating in the fundraisers listed below. If students choose to participate, the profits they make will go directly towards reducing their individual band package cost. All fundraising information must be picked up in room 787 on the start date of the fundraiser and be submitted on the end date. No late fundraising material will be accepted and students will be financially liable for fundraising materials that are not returned. Our fundraisers include:

1. August 26-September 6 Cheesecake Sales
 - a. Sale Price \$23
 - b. Profit Price \$9



A Welcome Message from Victor Villaorduna, Band Director

Welcome to the 2019/2020 South Broward High School Band Program!!!

Dear Parents,

I am very excited that your son/daughter has decided to participate in the band program at South Broward High School! I hope that you are as excited as I am for the upcoming year, and all of the opportunities that your child will have in this great organization!

This packet has been created so that you and your child understand the policies, guidelines and expectations established here at South Broward. It will also provide some brief information regarding performances such as football games, competitions and other events. Please read this packet thoroughly, as it outlines the band program and will help you better understand how the season will operate.

PROGRAM PHILOSOPHY:

The South Broward Marching Bulldogs exists for several reasons:

- 1) As a spirit organization to support the school and the football team.
- 2) To promote musical growth through performances for the community, as well as through competition.
- 3) To develop character, integrity and responsibility through being part of a team.

While the majority of rehearsal time will be spent on learning music and drill for the competition aspect of the band, it is important to note that our role in the school (especially with the football team) cannot be overlooked. As a band, our music, energy and presence at games goes a long way toward keeping the crowd engaged and supporting our football team. While some of us may enjoy being a casual fan of football, remember that during the games we are there for the school. GO BULLDOGS!!

Our concert bands exist to provide a different kind of musical opportunity to our students. The goal for our concert band programming is to continuously progress throughout the year, both as individuals and as a group. While competition is important, the most important aspect of the concert band is the group's ability to continually improve upon their previous performances.

Being a part of a pep band is the same as being a part of a sports team. Each student needs to know that they must give up part of themselves for the team. This means setting aside individual egos and realizing that with every decision they make, they should think, "Am I a part of the problem or part of the solution?" If every student is a part of the solution, the band will have a successful season.

The band's success does not depend on how many correct notes are played or how many correct steps are taken. It depends on how much they grow as musicians and as people. It depends on whether or not they have a positive impact on the group. It depends on what they take from the experience of being in this group when they leave.

I hope everyone has a successful season!!

Victor Villaorduna

Band Director



Eligibility

In order to be a member of the pep band, all students must be a member of one of the concert band groups. Exceptions are made for color guard as well as for some front ensemble members. Students must also maintain a grade point average of 2.0 in compliance with Broward County School Board Policy. Students with a GPA below a 2.0 will not be permitted to perform in games or competitions and be ineligible from participating in field trips.

Students who wish to participate in another fall sport must be aware of the time and effort that it takes to be a member of two demanding organizations. With this thought in mind, students are ALLOWED to participate in a fall sport (except football and cheerleading) along with pep band. Students who wish to participate in a fall sport must speak with the Band Director, as well as their fall sportscoach.

Two mandatory band parent meetings will take place at the beginning of the program year. Each student must have at least one parent in attendance at one of these meetings in order to participate in the band program.

In order to participate in the pep band program, each student is REQUIRED to get a physical examination, and turn in an approved "Sports Physical Form" signed by their physician, prior to the first football game of the season.

(A "SPORTS PHYSICAL FORM" MUST BE SUBMITTED FOR EACH PEP SEASON – PHYSICALS EXPIRE ONE YEAR AFTER THE DATE OF THE DOCTOR VISIT.)

Rehearsal Protocol / Behavior Policies

- All students are expected to assist in the setup and tear down of each rehearsal. This includes making sure everything is where it needs to be at the beginning and end of each rehearsal.
- No food or drink (except water) is allowed in the band room. THIS INCLUDES GUM.
- Respect will be shown toward the person on the podium, or any person talking, whether it be a student, director, administrator, guest to our band room, or a parent volunteer/chaperone. This means not talking while that person is speaking, and giving your full attention, eyes and ears, to that person.
- All students are expected to give their best effort during every rehearsal. Any less will be reflected in the student's participation grade.

ALL PERFORMANCES AND REHEARSALS ARE MANDATORY.

NON-ATTENDANCE WILL RESULT IN AN "F" FOR THAT PERFORMANCE.

NOTE: THESE RULES DO NOT INCLUDE EVERYTHING; YOU SHOULD ALWAYS USE YOUR BEST JUDGMENT. IF YOU THINK SOMETHING YOU WANT TO DO IS WRONG OR IRRESPONSIBLE, OR IS SOMETHING THAT YOU WOULD NOT DO IN FRONT OF A STAFF MEMBER OR ANY ADULT, DON'T DO IT! YOU ARE ALWAYS REPRESENTING THE SPIRIT OF THE SOUTH BROWARD HIGH SCHOOL BAND PROGRAM AS WELL AS THE SCHOOL. EVERY DECISION YOU MAKE, POSITIVE OR NEGATIVE, REFLECTS ON THE SCHOOL.

PARENTS - PLEASE REFER TO THE PAGE TITLED "PEP BAND PACKAGE" REGARDING REQUIRED PROGRAM EXPENSES.



2019/2020– Dates to Remember – KEEP THIS PAGE

BAND PERFORMANCES AT VARSITY FOOTBALL GAMES

- 8/12/19 Freshmen and New Student Orientation
- 8/16/19.....Pre-Season Game**
- 8/23/19..... SBHS v. Arch Bishop**
- 9/6/19.....Away v Hallandale*
- 9/27/19SBHS v Cooper City**
- 10/4/19SBHS v. Miami Springs**
- 10/18/19SBHS v Everglades**
- 10/25/19SBHS v American**

BAND PRE-FESTIVALS, COMPETITIONS & EVENTS

- 9/21/19Allstate Auditions (Pioneer Middle)
- 10/31/19Seven Isles Drumline Parade*
- 11/9/19.....Outdoor World Performance*
- 11/14/19..... Legal Aid Performance (Signature Grand)*
- 12/7/19 City of Hollywood Candy Cane Parade*
- 12/1-12/24 (COLOR GUARD ONLY).....Outdoor World Fundraisers*
- 1/20/20.....Martin Luther King Jr. Parade*
- 3/15/20 City of Hollywood St. Patrick’s Day Parade*

Events may be added to the band schedule, and practice schedules may be revised, so in order to see a complete up-to-date listing of upcoming band practices, events and competitions, please visit the band calendar at www.charmsoffice.com or the website for the Band at www.themarchingbulldogs.com.

**All events involving band members traveling to an off-campus location, require that a completed “Annual Field Trip Authorization Form” be filled out and signed by the parent/guardian, and turned in at the beginning of the season. Accurate emergency contact information MUST be listed.*

*Any parent who wishes to drive their child home directly from any off-campus event, must fill out and turn in a “Release of Liability-Parent Transporting/Supervising from Trip Location” form prior to the event. **This form must be pre-approved by school administration prior to the event you wish to drive your child home from.** If your form is not turned in and pre-approved prior to the date of the event, your child will not be permitted to leave with you and will ride back to school on the field trip bus. (This form is available in the “Handouts” section of www.charmsoffice.com.)*

- *Volunteers (Chaperones) needed for AWAY events.**
- **Volunteers (Concessions) needed for HOME football games.**

For the safety of our students, it is necessary for volunteers to adhere to the Broward County Volunteer Guidelines. All volunteers must have a criminal background check performed before working, in any way, with students. It’s easy to obtain this clearance through the School Board of Broward County at the following website: <http://www.getinvolvedineducation.com/volunteers/application.htm>

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South Broward High School Band Patrons Association, Inc.



SBHS Band Patrons Association-Contact Information

Zenia Pagan, President	954-547-7889	hzdhp4@yahoo.com
Crystal Pinard, Vice President	305-345-7836	crystalpic@bellsouth.net
Penny Snyder, Treasurer	754-245-0527	gonecrazy102@aol.com
Joyce Paultre, Secretary	954-614-3878	jecapri@hotmail.com
Janina Evans, Member-at-Large	305-450-1318	jevans@legalaids.org

SBHS Administration-Contact Information

Patty Brown	Principal	Patricia.Ann.Brown@browardschools.com
Yvonne Sherba	Assistant Principal	Yvonne.Sherba@browardschools.com
Victor Villaorduna	Band Director	Victor.Villaorduna@browardschools.com
Ashley Lehman	Logistics Coordinator	Ashley.Lehman@browardschools.com

Log-In Information for "Charms" - www.charmsoffice.com

Please log in to the Charms website often, as new/updated information is posted regularly.
Below are the steps necessary to guide you through this process.

- 1) Visit www.charmsoffice.com
- 2) Click on LOGIN / ENTER and then click on Parents / Students / Members in the drop down menu.
- 3) On the next screen type sbhsband as the School Code, and then click on Enter Charms.

Click on the Public Calendar to view practice schedules, upcoming events and volunteer needs.

Click on Volunteers to see all volunteer needs for upcoming events.

Click on E-Mail Directors to send an e-mail to faculty members involved in the band program, as well as Band Patrons Association Board Members.

Click on Files & Handouts to view all documents and forms that you can print and use.

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Volunteering Options

All Parents are welcome to volunteer. According to school board policy, if you'd like to chaperone single day events you must have a level 1 clearance. If you'd like to chaperone overnight field trips you must have a level 2 clearance. All activities in which volunteers and chaperones are needed will be posted online. If you'd like to help please sign up at <https://www.volunteersignup.org/EH88M>

Level 1 Clearance

1. Apply online at www.browardschools.com/getinvolved
2. Receive Confirmation E-mail when cleared
3. Take Confirmation E-mail into office for volunteer badge

Level 2 Clearance

1. Apply online at www.browardschools.com/getinvolvedined
2. Receive Confirmation E-mail when cleared level 1
3. Forward Confirmation E-mail to Ashley.lehman@browardschools.com and request level 2 paperwork.
4. Receive Level 2 Paperwork
5. Schedule Fingerprinting
6. Get Fingerprinted
7. Receive Confirmation E-mail when cleared

If you would like to take on a position assisting the director and logistics coordinator please check below and Mrs. Lehman will contact you.

Name: _____ Student Name: _____

- _____ Field Trip Coordinator
- _____ Food and Drink Coordinator
- _____ Fundraiser Coordinator
- _____ Secretary
- _____ Uniform Coordinator

REQUIRED – 2019/2020 – Pep Band Package

*All forms marked **REQUIRED** must be filled out, signed, and turned in, along with your child's sports physical form AND a \$100.00 deposit **NOLATER THAN August 30, 2019**. The remaining balance must be paid in full by September 27, 2019 or it becomes an obligation. If each member does not cover their portion of these expenses, it will prevent the band from participating in opportunities that will enrich and enhance their experience, and hinder them from progressing.*

ADDITIONAL ITEMS

Mouthpiece, Reeds, Drumsticks, Percussion Mallets, Drum Straps

\$175 – New Member Pep Package

- *Bus Transportation & Pre-Event Meals
- *Complete Marching Sweat Suit (jacket and pants)
- *T-Shirt, Hat, Rain Coat, Gloves, and Duffel Bag
- *Marching Uniform Repair
- *Required Item*

\$80– Returning Member Pep Package

- *Bus Transportation & Pre-Event Meals
 - *Marching Uniform Repair
 - *T-shirt and Gloves
 - *Required Item*
- (If a returning member requires a new jacket, pants, hat or dinkles, they may be ordered and paid for individually.)*

\$265– New Member Color Guard Package

- *Bus Transportation & Pre-Event Meals
- *Show Theme Outfit
- *Game Dress
- *T-Shirt, Shoes, Duffel Bag and Raincoat
- *Uniform Repair
- *Required Item*

\$220 – Returning Member Color Guard Package

- *Bus Transportation & Pre-Event Meals
- *Show Theme Outfit
- *Game Dress
- *T-Shirt
- *Shoes
- *Uniform Repair
- *Required Item*

If needed, the student is responsible for purchasing these items on their own. They can be purchased from All County Music, Resurrection Drums, Guitar Center, Sam Ash, M.A.E., or at any online music supply website.

Please understand that the safety of our participants necessitates the proper attire, and each member of the SBHS Pep Band is responsible for the payment of applicable **REQUIRED** items listed above. If a student leaves the program, he/she is still required to pay for all applicable items listed above, as well as fundraising items ordered or checked out. **NO REFUNDS WILL BE GIVEN IF THE STUDENT LEAVES THE PROGRAM FOR ANY REASON, EITHER BY CHOICE OR FOR DISCIPLINARY PURPOSES.** Payments must be made via cash, cashier's check or money order written to South Broward High School (Band Program), or online at www.themarchingbulldogs.com If an alternate arrangement is necessary due to financial reasons, the parent/guardian **MUST** contact SBHS Administration **IMMEDIATELY** at 754-323-1800 to discuss alternate payment arrangements. **(NO PERSONAL CHECKS WILL BE ACCEPTED.)**

By signing this form, I state that I have read, and agree to abide by the financial responsibilities set forth above. I also understand that if there is an unpaid balance for my child's Pep Band Package after 10/2/19, that balance will become an obligation in the student's name. Questions may be directed to ashley.lehman@browardschools.com.

Band Member (Please Print):

New **Returning** *First Name* *Last Name* *E-mail*

Band Member Signature:

Student #:

Parent or Guardian Name (Please Print):

(This person assumes financial responsibility for the student)

Parent or Guardian Signature:

Date:

Parent or Guardian E-mail:

T-Shirt Size:

Dinkle Size (New Members):

Sweat Suit Size (New Members):

Color Guard Costume Size:



South Broward High School Band Patrons Association, Inc.



REQUIRED

South Broward High School
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Annual Field Trip Authorization Form
2019-2020 School Year

Student Name: _____ Student Phone: _____

Type of Transportation: School/Charter Bus

BAND PRE-FESTIVALS, COMPETITIONS & EVENTS

- 9/6/19 Away v Hallandale (Hallandale H.S.)
 - 9/21/19 Allstate Audition (Pioneer Middle)
 - 10/31/19 Seven Isles Drumline Parade
 - 11/9/19 Outdoor World Performance
 - 11/14/19 Legal Aid Performance (Signature Grand)
 - 12/7/19 City of Hollywood Candy Cane Parade
 - 12/1-12/24/19 (COLOR GUARD ONLY) Outdoor World Fundraiser
 - 1/20/20 Martin Luter King Jr. Parade
 - 3/15/20 City of Hollywood St. Patrick's Day Parade
- Emergency Contact

Name of Emergency Contact: _____

In case of emergency, I may be reached at: _____

In the event I cannot be reached, please contact:

Name of Establishment/Person: _____

Phone: _____

Health/Accident Insurance

My child is covered by twenty-four (24) hour student accident insurance or family insurance:

Insurance company: _____

Policy Number: _____

_____ I do not have insurance, however, I will pay any and all medical bills for emergency care of my student.

I authorize my student to participate in all of the pep band field trips during the 2019-2020 school year.

Parent Signature

Date



South Broward High School Band Patrons Association, Inc.



REQUIRED – 2019/2020- Student / Parent Contact Information – Band

(A PARENT OR LEGAL GUARDIAN MUST COMPLETELY FILL OUT THIS FORM – PLEASE PRINT)

Student's Legal Name:

First Middle Last

Student Information:

Student # Grade in 2019/2020

Student Information:

Date of Birth Age Sex

Student's Home Address:

Street Address City Zip Code

Student's Contact Information:

Cell Phone # & Carrier E-Mail Address

Instrument Played:

How Many Years?:

Instrument Information: () Need to Rent () Own

Brand Serial Number

Student is registered in a Magnet Program: () YES () NO

Mother/Guardian:

First Name Last Name

Mother/Guardian Address:

(If Different From Student)

Street Address City Zip Code

Contact Information:

Cell Phone # & Carrier E-Mail Address

Additional Contact Information:

Home Phone Work Phone

Mother/Guardian:

Signature Date

Father/Guardian:

First Name Last Name

Father/Guardian Address:

(If Different From Student)

Street Address City Zip Code

Contact Information:

Cell Phone # & Carrier E-Mail Address

Additional Contact Information:

Home Phone Work Phone

Father/Guardian:

Signature Date



South Broward High School Band Patrons Association, Inc.



REQUIRED - 2019/2020 – Emergency Medical/Contact Information – Band

THIS FORM MUST BE FILLED OUT COMPLETELY BY A PARENT/GUARDIAN AND IT MUST BE SIGNED IN THE PRESENCE OF A BAND PATRONS ASSOCIATION BOARD MEMBER OR DESIGNEE (NOT AN SBHS EMPLOYEE.) IF IT IS SIGNED OUTSIDE OF SCHOOL, IT MUST BE NOTARIZED. THIS INFORMATION WILL BE KEPT WITH THE BAND AT ALL TIMES, AND WILL BE SEEN BY INDIVIDUALS (CHAPERONES & VOLUNTEERS) WHO MAY NEED TO CONTACT YOU IN THE EVENT OF AN EMERGENCY

STUDENT INSURANCE INFORMATION (Print):

Student's Legal Name: _____
First Middle Last

Health Insurance Information: _____
 () *If Uninsured Check Here* Insurance Company ID Number

Health Insurance Information: _____
Policy Number Benefit Code Number

STUDENT MEDICAL INFORMATION (Print):

Does the student have a history of health problems? Please list/explain (continue on back if necessary):

Is the student presently taking any medications? () Yes () No If yes, please list medication(s):

Is the student allergic to any medications? () Yes () No If yes, please list medication(s):

Date student last received Tetanus shot: _____

Doctor: _____ Phone: _____

INDIVIDUAL RESPONSIBLE FOR PAYMENT OF EMERGENCY CARE OR TREATMENT (Print):

Name and Phone Number _____

Street Address, City, State, Zip Code _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT (Print):

In case of accident or illness: _____
Student Name School Identification Number

Has my permission to receive emergency care or treatment, including the administration of any medication. I also guarantee payment of all charges incurred for medical treatment.

Parent/Guardian: _____
First Name Last Name

Parent/Guardian Contact Information: _____
Cell Phone Home Phone Work Phone

Parent/Guardian: _____
Signature Date

OPTION 1: SIGN THE PERMISSION SECTION IN THE PRESENCE OF AN SBHS BAND PATRONS ASSOCIATION BOARD MEMBER:

WITNESSED BY: _____ **DATE:** _____

OPTION 2: NOTARIZATION REQUIRED IF NOT WITNESSED BY A BAND PATRONS ASSOCIATION BOARD MEMBER:

STATE OF FLORIDA, COUNTY OF _____

The foregoing document was sworn to and subscribed before me this _____ day of _____, 2016.

By: _____ () Personally Known () Produced

Identification Type of ID: _____ SEAL: _____

ID#: _____

Notary Signature: _____



**South Broward High School
Band Patrons Association, Inc.**





South Broward High School Band Patrons Association, Inc.



2019/2020– Committees & Volunteers - Band

Although members of the South Broward High School Band Patrons Association have the primary role of providing administrative support to the band program, they provide a tremendous amount of operational assistance as well. This program cannot run effectively without many generous volunteers consistently sharing their time and talents.

You are your child's first and most important teacher! Especially throughout high school – your child needs your support now more than ever! Visit the calendar on www.charmsoffice.com regularly to see where the band program is in need of volunteers.

Everyone possesses an area of interest, a skill or talent, and by providing this information, your interests, skills and talents can be matched with an activity that will not only make you feel like a contributing member of this program, it will lend a much needed helping hand.

AREAS OF INTEREST / (COMMITTEES):

1 - Fundraising
2 - Special Events
3 - Concessions
4 - Uniforms

5 - First Aid
6 - Scholarships
7 - Grants
8 - Volunteers

9 -Membership
10 -Instrument Transportation
11 -Props Displays
12 -Pit Crew

**Please select the committee you may be interest in (by number), or list your talents:*

Student Name: _____

1st Parent / Guardian Name: _____

Contact Information (E-Mail Address): _____

Contact Information (Cell # and Provider): _____

***Committee number, or talents:** _____ I am CPR Certified

2nd Parent / Guardian Name: _____

Contact Information (E-Mail Address): _____

Contact Information (Cell # and Provider): _____

***Committee number, or talents:** _____ I am CPR Certified

For the safety of our students, it is necessary for volunteers to adhere to the Broward County Volunteer Guidelines. All volunteers must have a criminal background check performed before working, in any way, with students. It's easy to obtain this clearance through the School Board of Broward County at the following website: <http://www.getinvolvedineducation.com/volunteers/application.htm>.

For assistance with this process, please contact Logistics Coordinator Ashley Lehman at: ashley.lehman@browardschools.com



South Broward High School Band Patrons Association, Inc.



2019/2020 – Section Parent Sponsor - Band

Dear Parent:

A lot of information needs to be shared with a band the size of ours, so the South Broward Band Patrons Association is looking for volunteers to become Section Parent Sponsors.

What is a Section Parent Sponsor?

A parent or parents that agree to sponsor their child's section.

What are the responsibilities?

- 1) Attending band parent meetings.
- 2) Relaying all necessary information to the other parents in your section regarding:
 - a. practices
 - b. competitions
 - c. games the band is attending
 - d. fundraiser activities
 - e. information that is passed out at the meetings

Why do we need Parent Sponsors:

- 1) To get involvement from more parents.
- 2) To provide communication, a key element to any successful organization.
- 3) To help accomplish our goals for fundraising for the band program.
- 4) To keep other parents informed and involved.

How will I know who is in my section and how to contact them?

Once we receive the contact information from the parent(s)/guardian(s), or the student, we will provide you with an excel sheet with the following information: *(Please note that at times people change the information but may not remember to update us.)*

- 1) Band Member's Name
- 2) Band Member's Phone Number
- 3) Band Member's E-mail Address
- 4) Band Parent(s)/Guardian(s) Name(s)
- 5) Band Parent(s)/Guardian(s) Phone Number(s)
- 6) Band Parent(s)/Guardian(s) E-Mail Address(es)

YES, I am interested in becoming the section parent sponsor for my child's section:

Child's Name & Instrument or Section: _____

My Name: _____

My Cell Phone Number: _____

My E-Mail Address: _____



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.
This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 1. Student Information (to be completed by student or parent)

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	_____	_____	26. Have you ever become ill from exercising in the heat?	_____	_____
2. Do you have an ongoing chronic illness?	_____	_____	27. Do you cough, wheeze or have trouble breathing during or after activity?	_____	_____
3. Have you ever been hospitalized overnight?	_____	_____	28. Do you have asthma?	_____	_____
4. Have you ever had surgery?	_____	_____	29. Do you have seasonal allergies that require medical treatment?	_____	_____
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	_____	_____
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	_____	_____	31. Have you had any problems with your eyes or vision?	_____	_____
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	_____	_____	32. Do you wear glasses, contacts or protective eyewear?	_____	_____
8. Have you ever had a rash or hives develop during or after exercise?	_____	_____	33. Have you ever had a sprain, strain or swelling after injury?	_____	_____
9. Have you ever passed out during or after exercise?	_____	_____	34. Have you broken or fractured any bones or dislocated any joints?	_____	_____
10. Have you ever been dizzy during or after exercise?	_____	_____	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	_____	_____
11. Have you ever had chest pain during or after exercise?	_____	_____	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	_____	_____	____ Head	Elbow	Hip
13. Have you ever had racing of your heart or skipped heartbeats?	_____	_____	____ Neck	Forearm	Thigh
14. Have you had high blood pressure or high cholesterol?	_____	_____	____ Back	Wrist	Knee
15. Have you ever been told you have a heart murmur?	_____	_____	____ Chest	Hand	Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____	____ Shoulder	Finger	Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	_____	_____	Upper Arm	Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____	36. Do you want to weigh more or less than you do now?	_____	_____
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	_____	_____	37. Do you lose weight regularly to meet weight requirements for your sport?	_____	_____
20. Have you ever had a head injury or concussion?	_____	_____	38. Do you feel stressed out?	_____	_____
21. Have you ever been knocked out, become unconscious or lost your memory?	_____	_____	39. Have you ever been diagnosed with sickle cell anemia?	_____	_____
22. Have you ever had a seizure?	_____	_____	40. Have you ever been diagnosed with having the sickle cell trait?	_____	_____
23. Do you have frequent or severe headaches?	_____	_____	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	_____	_____	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	_____	_____	Hepatitis B: _____ Chickenpox: _____		

FEMALES ONLY (optional)

42. When was your first menstrual period? _____
 43. When was your most recent menstrual period? _____
 44. How much time do you usually have from the start of one period to the start of another? _____
 45. How many periods have you had in the last year? _____
 46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. **This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____
 Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)
 Temperature: _____ Hearing: right: P _____ F _____ left: P _____ F _____
 Visual Acuity: Right 20/ _____ Left 20/ _____ Corrected: Yes No Pupils: Equal Unequal

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
MUSCULOSKELETAL			
10. Neck	_____	_____	_____
11. Back	_____	_____	_____
12. Shoulder/Arm	_____	_____	_____
13. Elbow/Forearm	_____	_____	_____
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

* – station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation
 ____ Disability: _____ Diagnosis: _____
 ____ Precautions: _____
 ____ Not cleared for: _____ Reason: _____
 ____ Cleared after completing evaluation/rehabilitation for: _____
 ____ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____
 Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Preparticipation Physical Evaluation (Page 3 of 3)

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ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation

Disability: _____ Diagnosis: _____

Precautions: _____

Not cleared for: _____ Reason: _____

Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ____/____/____

Address: _____

/

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.