

SHARYLAND HIGH SCHOOL BAND

2019-20 SUMMER BAND LETTER

It's time to tighten up your shoe laces and find your water bottles and favorite sunglasses! Marching Season is right around the corner. This year's show "PINS AND NEEDLES" promises to be one of our most ominous and entertaining yet! With tough competition at both local and area levels, to be successful, the Band must work together as a team. Everyone must be on time and attend every practice. Attendance at band camp is mandatory. No student is guaranteed a marching position in the drill. We're looking forward to working together to make this the greatest Sharyland High School Band year yet!

Contact Information:

- Students must use the BAND App on their devices: <https://band.us/n/afacz7c8q4cca>
- Parents are highly encouraged to sign up for the Sharyland Band Booster's Remind: SHSBB1920
- Check out the Band Booster's Facebook and website at www.shsrattlerbandboosters.com
- The Band also has an Instagram account for announcements

- For Mr. Perea, call 580-5300 ext. 1245 or email mperea@sharylandisd.org
- Brass questions, email Miss Cook at dcook@sharylandisd.org.
- Percussion questions, email Mr. Salinas at fsalinas@sharylandisd.org.
- Woodwind questions, call or text Miss VanEpps at 956-821-3024 or bvanepps@sharylandisd.org
- Contact our SHS Band Boosters at shsrattlerbandboosters@gmail.com for any questions dealing with how to become more involved with our organization.

Band Forms

It's time to fill out the band forms for the upcoming school year. The forms are included in this packet. Forms are due by the beginning of band camp. Forms needs this year:

1. Medical release form – this form is their recurring field trip permission form
2. Completed physical form – **THIS IS NEW FOR BAND MEMBERS THIS YEAR, MEMBERS MUST HAVE A PHYSICAL BEFORE PRACTICE BEGINS IN JULY. ATHLETES WILL NEED TO TURN IN A COPY OF THEIR PHYSICAL.**
3. 8 hour rule agreement – UIL requires we keep this form on file
4. Charms information sheet – allows us to stay updated on contact information
5. Volunteer Application - Please fill out the information in this form if you will be volunteering with the SHS band kids. This includes chaperoning, serving meals, prop building, etc. If you will be working with students in any capacity, please fill out this form. This is required by SISD.

Drop your completed forms off to Mrs. Rodriguez at her office inside the music building. If you need extra copies, please download them from our SHS website or the SHSRatterBandBoosters.com site.

Charms Office

What is Charms Office? It's a software program designed for music programs just like ours that includes features such as a calendar, volunteer sign ups, email, text messaging and much more. We can track your forms, uniforms, and instrument rentals. You will also be able to update your own contact information and pay for band trips with Paypal. We'll be launching the Parent/Student side of Charms over the next two weeks by providing you with your own password to access the private area.

Band Purchases

For your convenience, all items can be purchased online at the following address:

<https://stores.inksoft.com/sharylandhsband/shop/home>

Required purchases are indicated on the site. They include:

Band Polo – for rainy days, pep rallies, and other community events

Band Show Shirt – will be worn under the uniform

Band shoes – MTX black marching shoes

Gloves – Black long sleeved, ½ finger

We will help determine your sizes. Purchases must be made before August 1st to ensure that items will be delivered to you on time. The company, TMF will ship all items directly to you.

Concert wear is also available through this website. Dresses or Tuxes do not need to be ordered until October. Be sure to check the site for fanwear!

Trip Fees

The band will have 2 trips this year:

- \$30 due May 28th Drum Corps International, DCI in San Antonio will be an all-day trip to the Alamo Dome on July 20th. Students will leave SHS at 7am and return at 2am on July 21st. Students will be responsible for their own meals. All attached forms must be turned in to be eligible for this trip.
- \$150 due Sept. 1 The band will travel to the USSBA competition on Nov 2nd to compete in Austin. After the competition, we will stay Saturday, Sunday, and Monday evenings in San Antonio. UIL State Marching Competition will be held in the Alamo Dome on Monday Nov. 4th with finals on November 5th.

Band students will be given several fundraisers to assist with trip fees. Both trips may be paid through Charms Office. Please note due dates.

Apps and Website Info

Students are required to download the following apps to their devices:

1. UDB app – marching drill files (free)
2. Band app – calendar, band director messaging, and general organizational tools (free) – join by visiting <https://band.us/n/a9afzdt0ncE3j>
3. Anytune – playback of rehearsal tracks for Apple devices (free)
Or Music Speed Changer – playback of rehearsal tracks for Android (free)
4. Remind – for Parent and Booster communication: <https://www.remind.com/join/shsbb1920> or just join the class: @shsbb1920
5. Charms – files, music, and practice player all in one

Websites

1. Charms Office: <https://www.charmsoffice.com/> See the directions on how to log on at the end of this packet.
2. Band Booster Site: www.shsrattlerbandboosters.com
3. SHS Band Site: www.sharylandisd.org choose SHS, Activities, Band and Flags
4. Summer Band Camp List: <http://csmsband.com/band-camp>
5. TMEA Site: www.tmea.org All State Band material
6. TMF Site: <https://stores.inksoft.com/sharylandhsband/shop/home> Band supplies

Music and Instrument Assignments

Your band show music will be placed on your Charms Office account. You'll receive a regular hard copy of the music in the next few days. If you misplace your folder, you may download a copy from Charms. We assign parts in a manner to give the ensemble the fullest band sound. Section leaders will have a full set of parts for their sections and a copy of the director's score.

Instruments will be returned and inventoried after the High School graduation ceremony. Most instruments will be available for check out July 15-18th. We will only be issuing tenor and bari saxophones, bass clarinets, and marching brass. Please make sure your personal instruments are in good condition. Concert instruments will only be issued to those students competing in TMEA All-State. Miss Cook will issue brass instruments, and Miss VanEpps will issue woodwinds. **No instruments will be assigned to students not enrolled in the band class.**

Uniforms

The Band Boosters will be forming a uniform staff this year. We will have a few students to assist them. Final fittings will take place as soon as the new uniforms arrive. All parts of the new uniforms will be checked out and assigned to each individual student with the use of Charms Office. You will be responsible for the multiple layers involved. You are responsible for keeping track of your shoes, black socks and gloves. We suggest taking those items home after each game. The uniform staff will be responsible for cleaning and maintaining your uniforms. Report any damage or stains when you turn your uniform in at the end of the performance.

Attendance

Excellent attendance at all marching band rehearsals is a requirement if we are serious about reaching the goals we have set for ourselves. If you will be absent or late to rehearsal for any reason, you must let Miss Cook know in ASAP. We will be happy to work with you to work out conflicts, but we must be fair to all members of the band. We can't grant you special privileges. Unexcused absences will result in students being ineligible to perform with the band. If you have a conflict, please come and talk with us. The band directors want to work out conflicts amicably. Miss Cook can be reached at dcook@sharylandisd.org or by messaging her through the BAND app. Please DO NOT just tell your section leader or a friend. Grades and marching assignments are affected by attendance, and your fellow students do not have the ability to excuse you.

Student Leaders and Boosters

Students leaders within the band have been chosen by the band directors after an intense audition procedure. Students will have section leaders, band officers, and drum majors to assist them throughout the marching season. Leaders will be announced after auditions.

The SHS Rattler Band Boosters help keep our band running. The group's membership consists of parents and former Rattler Band members. All band boosters will have passed background checks in order to have contact with students. Boosters help us with prop building, chaperoning trips, tending the concession stand, fundraising, uniform maintaining, providing first aid for students, food and water distributing, and so many other details needed to keep the band going. Please consider becoming a member. Volunteer forms are at the back of the packet. Join the Booster Remind with the class code @shsbb1920 Check out the website at www.SHSRattlerBandBoosters.com. We will be posting volunteer jobs or items needed for each of our events on Charms. Be sure to login to Charms for more information. Contact Isidro Sanchez, Band Booster president at SHSRattlerBandBoosters@gmail.com.

Fall Band Schedule

DATE	START TIME	END TIME	SUBJECT	DESCRIPTION	LOCATION
7/15/2019	8:00 AM	12:00 PM	BAND LEADERSHIP	Officers and Section Leaders only need attend	HS Band Hall
	8:00 AM		COLORGUARD AND PERCUSSION CAMPS		HS Band Hall
	1:00 PM	3:00 PM	INSTRUMENT CHECKOUT		HS Band Hall
7/16/2019	8:00 AM	12:00 PM	BAND LEADERSHIP-OFFICERS AND SECTION LEADERS	Officers and Section Leaders only need attend	HS Band Hall
	8:00 AM		COLORGUARD AND PERCUSSION CAMPS		HS Band Hall
	1:00 PM	3:00 PM	INSTRUMENT CHECKOUT		HS Band Hall
7/17/2019	8:00 AM	12:00 PM	BAND LEADERSHIP-OFFICERS AND SECTION LEADERS	Officers and Section Leaders only need attend	HS Band Hall
	8:00 AM		COLORGUARD AND PERCUSSION CAMPS		HS Band Hall
	1:00 PM	3:00 PM	INSTRUMENT CHECKOUT		HS Band Hall
7/18/2019	7:30 AM	11:00 AM	FRESHMAN BAND CAMP	Freshmen section leaders officers	HS Band Hall
	8:00 AM		COLORGUARD AND PERCUSSION CAMPS		HS Band Hall
	1:00 PM	3:00 PM	FULL BAND		HS Band Hall
7/19/2019	7:30 AM	11:00 AM	FRESHMAN BAND CAMP	Freshmen section leaders officers	HS Band Hall
	8:00 AM		COLORGUARD AND PERCUSSION CAMPS		HS Band Hall
	1:00 PM	3:00 PM	FULL BAND		HS Band Hall
7/20/2019	6:00 AM	2:00 AM	DCI SAN ANTONIO TRIP	\$30 fee due by May 30 bring money for food only clear bags are allowed	Alamo Dome
7/22/2019	7:30 AM	11:00 AM	FULL BAND		SHS
	1:00 PM	3:00 PM	WOODWIND SECTIONALS		HS Band Hall
	1:30 PM	4:30 PM	FRONT ENSEMBLE		HS Band Hall
	12:00 PM	4:30 PM	ALL REGION MUSIC LIST RELEASED	www.tmea.org	HS Band Hall
7/23/2019	7:30 AM	11:00 AM	FULL BAND		SHS
	1:00 PM	3:00 PM	BRASS SECTIONALS		HS Band Hall
	1:30 PM	4:30 PM	FRONT ENSEMBLE AND GUARD		HS Band Hall
7/24/2019	7:30 AM	11:00 AM	FULL BAND		SHS
	1:00 PM	3:00 PM	FULL BAND		HS Band Hall
	1:30 PM	4:30 PM	FRONT ENSEMBLE AND GUARD		HS Band Hall
7/25/2019			NO BAND - TBA	TEXAS BANDMASTERS CONV	SAN ANTONIO
7/26/2019			NO BAND - TBA	TEXAS BANDMASTERS CONV	SAN ANTONIO
7/29/2019	7:30 AM	11:00 AM	FULL BAND		SHS
	1:00 PM	3:00 PM	SECTIONALS		HS Band Hall
	1:30 PM	4:30 PM	FRONT ENSEMBLE		HS Band Hall
7/30/2019	7:30 AM	11:00 AM	FULL BAND		SHS
	1:00 PM	3:00 PM	SECTIONALS		HS Band Hall
	1:30 PM	4:30 PM	FRONT ENSEMBLE AND GUARD		HS Band Hall
	5:00 PM	8:00 PM	EVENING FULL BAND	With Choreographers Body Movement	HS Band Hall
7/31/2019	7:30 AM	11:00 AM	FULL BAND		SHS
	1:00 PM	3:00 PM	SECTIONALS		HS Band Hall
	1:30 PM	4:30 PM	FRONT ENSEMBLE AND GUARD		HS Band Hall
	5:00 PM	8:00 PM	EVENING FULL BAND	With Choreographers Body Movement	HS Band Hall
8/1/2019	7:30 AM	11:00 AM	FULL BAND		SHS
	1:00 PM	3:00 PM	SECTIONALS		HS Band Hall
	1:30 PM	4:30 PM	FRONT ENSEMBLE AND GUARD		HS Band Hall
	5:00 PM	8:00 PM	EVENING FULL BAND	With Choreographers Body Movement	HS Band Hall
8/2/2019	7:30 AM	11:00 AM	FULL BAND		SHS
	1:00 PM	3:00 PM	FULL BAND		SHS
	1:30 PM	4:30 PM	FRONT ENSEMBLE AND GUARD		HS Band Hall
8/5/2019	7:30 AM	11:00 AM	FULL BAND		SHS
	1:00 PM	3:00 PM	WOODWIND SECTIONALS		HS Band Hall
	1:30 PM	4:30 PM	FRONT ENSEMBLE		HS Band Hall
8/6/2019	7:30 AM	11:00 AM	FULL BAND		SHS
	1:00 PM	3:00 PM	BRASS SECTIONALS		HS Band Hall
	1:30 PM	4:30 PM	FRONT ENSEMBLE AND GUARD		HS Band Hall
8/7/2019	7:30 AM	11:00 AM	FULL BAND		SHS
	1:00 PM	3:00 PM	WOODWIND SECTIONALS		HS Band Hall
	1:30 PM	4:30 PM	FRONT ENSEMBLE		HS Band Hall
8/8/2019	7:30 AM	11:00 AM	FULL BAND		SHS
	1:00 PM	3:00 PM	BRASS SECTIONALS		HS Band Hall
	1:30 PM	4:30 PM	FRONT ENSEMBLE AND GUARD		HS Band Hall
8/9/2019	7:30 AM	11:00 AM	FULL BAND		SHS
	1:00 PM	3:00 PM	FULL BAND		SHS
	1:30 PM	4:30 PM	FRONT ENSEMBLE AND GUARD		HS Band Hall
8/12/2019	7:30 AM	11:00 AM	FULL BAND		SHS
	1:00 PM	3:00 PM	FULL BAND		SHS
	1:30 PM	4:30 PM	FRONT ENSEMBLE AND GUARD		HS Band Hall
8/13/2019	5:30 PM	8:00 PM	TEACHER INSERVICE SCHEDULE	FULL BAND	HS Band Hall
8/14/2019	5:30 PM	8:00 PM	TEACHER INSERVICE SCHEDULE	FULL BAND	HS Band Hall
8/15/2019	5:30 PM	8:00 PM	TEACHER INSERVICE SCHEDULE	FULL BAND	HS Band Hall
8/16/2019	7:30 AM	11:00 AM	FULL BAND		SHS
	1:00 PM	3:00 PM	SECTIONALS		HS Band Hall
	1:30 PM	4:30 PM	FRONT ENSEMBLE AND GUARD		HS Band Hall
	5:30 PM	8:30 PM	EVENING FULL BAND		HS Band Hall
8/17/2019	7:30 AM	11:00 AM	FULL BAND - SATURDAY		SHS
	1:00 PM	3:00 PM	SECTIONALS		HS Band Hall
	1:30 PM	4:30 PM	FRONT ENSEMBLE AND GUARD		HS Band Hall
	5:30 PM	8:30 PM	EVENING FULL BAND		SHS
8/19/2019	5:00 PM	7:00 PM	1ST DAY OF SCHOOL PRACTICE	STUDENTS REPORT TO ADVISORY	SHS
8/20/2019	5:00 PM	7:00 PM	2ND DAY OF SCHOOL PRACTICE	STUDENTS REPORT TO ADVISORY	SHS
8/21/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
8/22/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
8/23/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM

8/26/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
8/27/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
8/28/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
8/29/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
8/29/2019	7:00 PM	11:00 PM	Pace football game - THURSDAY	AWAY FOOTBALL GAME THURSDAY	BROWNSVILLE
8/30/2019	8:00 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/2/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/3/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/4/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/5/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/6/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/6/2019	7:30 PM	11:00 PM	McAllen Memorial	Football Parents night Home game	Sharyland
9/9/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/10/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/11/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/12/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/13/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/13/2019	7:30 PM	11:00 PM	La Joya football game	Away football game	La Joya
9/16/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/17/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/18/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/19/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/20/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/20/2019	7:00 PM	11:00 PM	Brownsville Hanna Football Game	Band Parents Night	Sharyland
9/21/2019	8:00 AM	11:00 PM	BANDS OF AMERICA COMPETITION	SATURDAY, TIMES TBD	MCALLEN
9/23/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/24/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/25/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/26/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
9/26/2019	7:00 PM	11:00 PM	Laredo Cigarroa Football Game	Away game in Laredo - THURSDAY	Laredo
9/27/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
	6:00 PM	8:00 PM	Friday Night Clinic		shs stadium
9/30/2019	7:30 AM	10:00 AM	MORNING PRACTICE		STADIUM
			NO SCHOOL FOR STUDENTS		SHS
10/1/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/2/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/3/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/4/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/4/2019	7:00 PM	11:00 PM	Roma Football Game	Home Game sweetheart night	Sharyland
10/5/2019			MISSION USSBA BAND COMPETITION	MORE DETAILS TBA	Mission
10/7/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/8/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/9/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/10/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/11/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/11/2019	7:00 PM	11:00 PM	Edcouch-Elsa Football game	Away football game	Elsa
10/12/2019			MISSION/MERCEDES BAND COMPETITIONS	MORE DETAILS TBA	
10/14/2019	7:30 AM	10:00 AM	MORNING PRACTICE		STADIUM
			NO SCHOOL		
10/15/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/16/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/17/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/18/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/18/2019	7:00 PM	11:00 PM	Snake Skin Football	Home Football Game	Sharyland
10/19/2019			UIL PIGSKIN MARCHING BAND COMPETITION	MORE DETAILS TBA	
10/21/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/22/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/23/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/24/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/25/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/25/2019	7:00 PM	11:00 PM	Mercedes Football Game	Away football	Mercedes
10/26/2019			UIL AREA MARCHING COMPETITION	POSSIBLE 1 NIGHT STAY IN CC	CORPUS CHRISTI
10/28/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/29/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/30/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
10/31/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
11/1/2019	7:30 AM	9:40 AM	MORNING PRACTICE		STADIUM
11/1/2019	7:00 PM	11:00 PM	Valley View football game	Homecoming Football game	Sharyland
11/2/2019			USSBA MARCHING COMPETITION	AUSTIN COMPETITION USSBA	AUSTIN, tx
11/3/2019			SAN ANTONIO STAY	STUDENTS WILL STAY IN SA AFTER AUSTIN COMPETITION - \$150 FEE DUE SEPT 1	SAN ANTONIO
11/4/2019			STATE MARCHING BAND PRELIMS	UIL STATE	ALAMODOME
11/5/2019			STATE MARCHING BAND FINALS	FINALS WILL BEGIN AROUND NOON	ALAMODOME
9/14/2019	4:00 PM	10:00 PM	TMEA JAZZ AUDITIONS	JAZZ BAND	TBD
10/1/2019			JAZZ BAND TAPING SESSIONS		TBD
10/8/2019	8:00 AM	10:00 PM	TMEA ORCHESTRA WINDS AUDITIONS	PRE- ALL STATE AUDITIONS	TBD
	4:00 PM		ORCHESTRA CLINIC & CONCERT		TBD
11/9/2019	8:00 AM		TMEA REGION BAND AUDITION PHASE 1	INSTRUMENTS INVOLVED TBD	TBD
11/15/2019	8:00 AM		TMEA REGION BAND AUDITION	ALL INSTRUMENTS	TBD

* Sectionals will be set by Mr. Perea once school starts.

A full calendar version of our calendar is available on the Booster website or by following this link: <https://tinyurl.com/y5rm7983>

START TIMES & END TIMES

The **start time** (or call time) is not drop off time. Please drop them off at least 15 minutes early.

End time means that's when band stops practicing. The kids may not be ready to leave SHS until 15-20 minutes after.

What to Bring/Wear/Prepare:

1. Water! Water! And More Water! - We suggest the largest Camelbacks you can find or 2 quart coolers. Some kids bring small ice chests with water bottles in them. No caffeinated drinks!
2. Eat something for breakfast. NO MILK!!! (not even with cereal!) A simple peanut butter and jelly sandwich has enough carbs to get you going and enough protein to stay with you. You need fuel! Donuts and fruit burn off too fast...make sure you have some protein.
3. We suggest bringing a power bar or a Gatorade for the break.
4. Wear light colored clothing. Shorts and a light colored t-shirt are best. Dark colors attract the sun, and loose clothing helps you stay cooler.
5. Tennis Shoes that fit properly. Don't risk twisting an ankle in oversized, untied tennis shoes.
6. Bring a light colored hat/cap and sunglasses. You'll make your own shade.
7. SUNSCREEN - bring it with you! We suggest you reapply during breaks.
8. Any medicine like inhalers or epi-pens. You can keep it on the sidelines in a backpack or leave it with a band director.
9. Beach towel or something to sit on.
10. Your instrument (school instruments will be issued in July), pencil, music, flip folder, and lyre

Last Minute Advice

- Staying hydrated during camp is very important. Make sure your student drinks water and/or "Gatorade" (for electrolytes) at the end of the day and first thing in the morning before leaving for camp.
- Limit or avoid dairy during camp.
- Bring a water bottle, filled each day.
- Go outside, get used to the weather!
- Go to bed earlier and get used to waking up before noon.
- Practice your instrument....it is lonely!

Reminder:
Physicals must be
completed before
July 15th.

How to access parent/student information in Charms

- Log on to www.charmsoffice.com, and click "ENTER / LOG IN" in the upper right corner.
- Locate the "PARENT/STUDENT/MEMBERS LOGIN" section of the web page.
- Login to your student's program account using the following School Code: **RattlersWooYeah**
- This will bring up the main "Public" page. This will allow you to look at the "public" calendar for your organization, event list, and handouts and other "publicly shared" files, as well as a few other options.
- The first time you go here, enter your child's ID NUMBER (same as the your child's school ID) into the **Student Area Password** field. You will be directed to the Change Password screen, to set a personal password different from the ID, for future use. You may also be directed to create both a unique Username and Password for the student. There are also mechanisms to recover/reset a lost Username/Password – when you create your new password, create a "hint" as well.
- Whenever you enter using this Username/password, another more detailed screen appears, with various button options for you to access areas in the Charms account. What appears here is partially up to the Account Administrator or Head Director.
- Two areas in which you can help the director/administrator maintain his/her records:
 - **Update Personal Information** – if the director has allowed it, you may help make changes to your and your child's student information page (such as updating phone numbers / cell carriers and email addresses if they change) to help them communicate with you more effectively. You may also be able to indicate which parent volunteer/resource groups you would like to participate in, if this feature is activated. Click **Update Info** to save changes.
 - **If your program has set up online credit card payments, you can make credit card payments for fees, trips and deposits to your student's account.** Click **Finances** -- if credit card payment is activated, you will see blue buttons in the four main areas of the financial statement indicating your ability to make online payments.
- You may also see links to enter **Practice Logs**, view **Grades**, and use the **Recording Studio** if the teacher has enabled these options.
- The **Calendar** may list events, rehearsals, and volunteer/RSVP opportunities.
- Most importantly, the parent page assists both you and the teacher to communicate with each other. Stay up to date on what's going on with your student!
- You can also download the Charms App to your smartphone – search your App Store for "Charms Parent/Student Portal" (or "Charms Blue"). It's the way to stay in touch on the go!

**PHYSICALS
MUST BE
COMPLETED
BY
JULY 15TH**

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

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"/>			
Have you ever had chest pain 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"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<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 had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/>	<input type="checkbox"/>
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"/> Neck	<input type="checkbox"/>	<input type="checkbox"/>
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"/> Back	<input type="checkbox"/>	<input type="checkbox"/>
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"/> Chest	<input type="checkbox"/>	<input type="checkbox"/>
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Upper Arm	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Forearm	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			<input type="checkbox"/> Wrist	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<input type="checkbox"/> Hand	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			<input type="checkbox"/> Finger	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weight more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Females Only</i>		
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"/>	19. When was your first menstrual period? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
			20. Do you have two testicles? _____		
			21. Do you have any testicular swelling or masses? _____		

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 _____

School _____ ID#: _____ Grade 2019-20: _____ Sport _____

PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (____ / _____, ____ / _____)
brachial blood pressure while sitting

Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It *must* be completed if there are yes answers to specific questions on the student's **MEDICAL HISTORY FORM** on the reverse side. * *Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

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.

Student Information

Student ID #	
First Name	
Middle Name	
Last Name	
Address	
City	
Zip	
Home Phone	
Cell Phone	
Email	

next year's grade	
Tshirt Size	
Birthday	
Instrument	

Parent Information

Parent 1:

Relation(mother)	
First Name	
Last Name	
Address	
Occupation	
Home Phone	
Work Phone	
Cell Phone	
Email	

City	
State	
Zip	

Parent 2:

Relation(mother)	
First Name	
Last Name	
Address	
Occupation	
Home Phone	
Work Phone	
Cell Phone	
Email	

City	
State	
Zip	

**2019-2020 Sharyland Rattler Band
Transportation and Emergency Information**

I GIVE MY PERMISSION FOR MY SON/DAUGHTER TO TRAVEL ON SHARYLAND ISD (OR CHARTERED) BUSES TO AND FROM FOOTBALL GAMES, BAND CONTESTS, AND OTHER BAND ACTIVITIES DURING 2017-18 SCHOOL YEAR. I EXPECT THAT ALL DRIVERS WILL BE CERTIFIED PERSONNEL.

SHOULD AN EMERGENCY ARISE, I GIVE PERMISSION FOR MR. MARC PEREA, MR. FRANK SALINAS, MS. DONNA COOK, MS. BETH VAN EPPS, MS. LORI GARZA, MR. JOSE SEGURA, MS. MARIFINA GONZALEZ, MS. CYNTHIA SILVA TO AUTHORIZE EMERGENCY ROOM TREATMENT UNTIL I CAN BE CONTACTED BY EMERGENCY PERSONNEL.

STUDENT NAME: _____ ID # _____

GRADE: _____ AGE: _____ D.O.B _____

PARENT/S NAMES: _____

HOME/CELL PHONE: _____ 2ND CELL PHONE: _____

WORK PHONES: _____ EMAIL: _____

RELATIVE TO CONTACT IN EMERGENCY: _____

RELATIVE'S PHONE: _____

REGULAR PHYSICIAN: _____

PHYSICIAN'S PHONE: _____

INSURANCE COMPANY: _____

INSURANCE POLICY NUMBER: _____

Is your child allergic to any medications/drugs or insect bites, etc? Yes No

If yes, which ones? _____

Does your child require an EPI-PEN for allergic reactions? Yes No

Does your child have a current medical illness/condition or has suffered from one in the past that could require emergency attention? (Conditions such as Asthma, Heart Problems, Concussions, Seizures, Diabetes, etc.)

Please list/explain them: _____

Is your child taking any medications? Yes No

If yes, which ones? _____

If, in the judgement of any representative of the school, the above student should need immediate care and treatment as a result of an injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, nurse, or school representative: and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

PARENT SIGNATURE _____

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 _____

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

SHARYLAND INDEPENDENT SCHOOL DISTRICT

1200 N. Shary Road Mission, TX 78572
Telephone (956) 584-6400 Fax (956) 580-5231

VOLUNTEER REQUIREMENT FORM

Dear Volunteer:

Pursuant to Texas Education Code Section 22.0835 and Board Policy GKG (LEGAL); school districts are required to obtain a criminal history record on all volunteers and shall contact the Texas Department of Public Safety to provide the information.

I, hereby, authorize the Sharyland Independent School District to conduct investigative inquiries into police records, the state prison system, the Department of Safety, and/or other criminal records to determine my acceptability.

I understand that if I am a volunteer at Sharyland Independent School District, I may be discharged if the District obtains information of my conviction for a felony, or any offense involving moral turpitude, that I did not disclose to the District.

PLEASE PRINT

DATE: _____

FULL NAME _____

LAST

FIRST

MIDDLE

PARENT/GUARDIAN

GRANDPARENT

TELEPHONE NUMBER _____ **DATE OF BIRTH** _____

ADDRESS _____

PLEASE PROVIDE ONE OF THE THREE IDENTIFICATIONS AS FOLLOWS:

1. **DRIVER'S LICENSE #** _____ **STATE** _____ **COUNTY** _____

2. **OTHER FORM OF U.S. ISSUED I.D.** _____

3. **SOCIAL SECURITY #** _____

SEX MALE FEMALE

VOLUNTARY SUBMITTED RACE (Check One)

WHITE (non-Hispanic)

AFRICAN AMERICAN (non-Hispanic)

HISPANIC AMERICAN

INDIAN/ALASKAN NATIVE

ASIAN/PACIFIC ISLANDER

This information will be used only for the purpose of obtaining the required Criminal History Records for the safety of our students.

Signature

Campus Name

Student's Name

Grade

Teacher's Name

Volunteer will be supervised by Campus employee while on School grounds.

Principal Signature: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

SHARYLAND ISD

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed: _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ initial
Purpose of CCH: _____	
Empl <input type="checkbox"/> Vol/Contractor <input type="checkbox"/>	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

