

***RISD District-Wide High School Guidelines for Extracurricular Students:  
Alcohol & Illegal Drugs  
(Revised March 2017)***

RISD expects that all students, including students who participate in any Extracurricular Activities (Extracurricular Students) will conduct themselves at all times in an exemplary manner that brings honor to the District, their school, and themselves. Participation in extracurricular activities is a privilege and is conditioned on the student's compliance with all rules and regulations of the activity and District policies and guidelines, including these guidelines. The use, possession, sale, or furnishing to others of alcohol or drugs of any kind and/or being under the influence of alcohol or illegal substances is strictly prohibited (the Prohibition). Any student who violates the Prohibition is not in compliance with the rules of extracurricular participation and will be subject to disciplinary measures, which could result in removal from the extracurricular activities in which the student participates.

These guidelines and statement of consequences apply to all extracurricular activities sponsored by the Richardson Independent School District and to all Extracurricular Students. The purpose of these guidelines is to deter and eliminate any use, possession, sale, or the furnishing to others of alcohol or other drugs, help students avoid drug and alcohol use, establish consistency in consequences across all activities for students who do not comply with the Prohibition, promote a high quality educational experience in all activities and assist RISD in maintaining order and a safe learning environment, and to promote a high level of civic and individual responsibility among students.

Extracurricular students are subject to these guidelines at all times throughout the twelve-month calendar year, whether the extracurricular activity is "in season" or inactive and on weekends and during school

holidays. Refer also to Board Policy FO (Local). Students transitioning from eighth to ninth grade who, during the summer, engage in conduct that violates the Prohibition will be subject to the High School Guidelines.

To ensure consistency among activities, these guidelines shall be used by all extracurricular groups. However, nothing in these guidelines prohibits an extracurricular activity sponsor from developing activity guidelines and rules to address topics other than alcohol or illegal drug activities.

The following definitions will apply to these guidelines:

- Leadership Position- A position or office an Extracurricular Student holds in an organization or group either by election or appointment. Such positions may include without limitation: captain, officer, squad leader, drum major, section chair.
- In Proximity – To be captured via still picture, video, internet site, social media feed, site, etc., or any other electronic capture where the school determines based on reasonable evidence that the student knows or should know he/she is (i) in a place where alcohol, illegal substances, and/or drug paraphernalia are present, and/or (ii) possessing, using, and/or being under the influence of alcohol, illegal substances, and/or drug paraphernalia. (e.g., Facebook posts shows student at social event where alcohol is visible and being consumed; Facebook post shows student posing in front of cases of unopened beer; Student captured holding and/or consuming alcohol or illegal substances at a sporting event; Picture of student holding a drug pipe).
- Parent- A student's biological or adoptive parent or parents, legal guardian, or other person in lawful control of the student.

- Period of removal- Period of time during which an Extracurricular Student is excluded from any participation in an extracurricular activity due to violation of the Prohibition. During a period of removal, an Extracurricular Student may not wear his/her uniform, travel with the team or organization, or otherwise act as a representative of the team or organization.
- Prescription Drugs- A drug authorized by a licensed physician specifically for that student. A student who uses a prescription drug in a manner prescribed by the student's physician and who has followed school policies in such use shall not be considered to have violated this policy.
- Possession- To have an item in or on one's personal being or property, including without limitation, clothing, purse, backpack, private vehicle, motorcycle or bicycle used for transportation to or from school or school-related events, telecommunication or electronic device, or other property used by the student such as a desk, locker, or cubby-hole.
- Use (Alcohol/Substance) - Voluntarily introducing into one's body, by any means, a prohibited substance. For example, and without limitation, consuming or ingesting alcohol in any manner is "use" of alcohol; smoking or ingesting marijuana, an unlawful derivative or look-alike of marijuana, or other illegal substances is "use" of marijuana or other illegal substance.
- Extracurricular Activities- School sponsored activities including but not limited to Dance & Drill Teams, Bell Guards, Cheerleaders, Spirit Groups, Sports, Fine Arts, Clubs, UIL governed Activities, Mock Trial, AC DEC, and other school sponsored student activities unique to a campus.
- Receives an MIP (Minor in Possession), MIC (Consumption of Alcohol by a Minor), DWI (Driving While Intoxicated), DUI (Driving Under the Influence of an Illegal Substance), or other citation for the illegal use or possession of alcohol/drugs, or furnishing alcohol/drugs to another in a non-school setting; *Note:* An Extracurricular Student who receives an MIP, MIC, DUI, DWI, or other alcohol/drug citation shall promptly notify the activity sponsor. An Extracurricular Student who fails to do so may be subject to further disciplinary action once the activity sponsor or administrator learns of the offense; Is observed by a faculty or staff member using, possessing, or furnishing to another student any drugs, including alcohol, on or off school property (observation via internet site, video, still picture, or other media will be considered);
- Receives any citation for or is arrested for illegal alcohol/drug activity or substance on or off school property (*See Note* above);
- Performs or participates in an extracurricular activity while under the influence of alcohol or other drugs.
- Is determined to be In Proximity to alcohol, illegal substance, and/or drug paraphernalia.

Process: When an activity sponsor or campus administrator learns that an Extracurricular Student has violated the Prohibition, the sponsor or administrator will attempt to gather as much information as is available about the suspected violation and shall immediately communicate with the student and his/her parent to review the information. The sponsor or administrator will take reasonable steps to ensure the student and his/her parents are notified of the suspected violation of the Prohibition and to offer the student and his/her parent a meeting with the administrator and/or sponsor and give them an opportunity to provide information about the student's suspected actions. Parents and/or students who refuse to promptly meet with the sponsor or administrator forfeit their opportunity for a conference. The administrator or sponsor will determine the start date for the consequence

An Extracurricular Student violates the Prohibition if he or she:

- Uses, possesses, sells, or furnishes alcohol or illegal substances to another;

and will notify the student and his/her parent in writing of the start date and reasons for any consequences imposed.

When a student self-reports a violation of these guidelines that does not result in the issuance of a citation or other penalty from law enforcement before the District otherwise learns of the student's actions, the District may, in its sole discretion, consider the student's self-report as a mitigating factor to support a reduced probationary period for a first offense.

A student or parent who is not satisfied with the outcome of the conference or the principal's decision may appeal the decision through the District's Student and Parent Complaint Policy (FNG (Local), but the consequence will not be delayed during any appeal. Copies of the policy are available on the District's website or may be obtained from the school.

## **CONSEQUENCES**

All Extracurricular Students are expected to comply with these guidelines. An Extracurricular Student who does not do so is subject to disciplinary action. While some offenses may be so severe that they will result in immediate removal from the extracurricular activity and/or Disciplinary Alternative Education Program (DAEP) placement, where appropriate, the District will consider allowing a student who violates the Prohibition to serve a last chance probationary period if the violation is the first instance in which the student has failed to comply with these guidelines.

### **First Offense: Probationary Removal.**

Except where the severity or circumstance of a student's offense is so severe that immediate removal to DAEP or expulsion is required, a student's first violation of the Prohibition will result in the Extracurricular Student's (i) removal for the remainder of the school year from all leadership positions he or she holds, including any such positions that the student might seek or be appointed to later in the school year; and (ii) except where

the first violation also results in DAEP placement or expulsion, removal from all extracurricular activities for 20 school days or UIL Competition dates. (\*See below.)

- The 20 school days or UIL Competition dates removal period start at the parent /student / principal conference. If the parent/student forfeits the conference, the principal will determine the start date;
- During the 20-day removal period, the student and the parent must attend and successfully complete the RISD alcohol / drug educational program. Students may be required to have follow-up sessions with the Intervention Specialist on campus. The student is responsible for all fees associated with the program. A student and parent must complete the educational program before the student will be reinstated after the removal period.
- If the leadership position from which the student is removed is connected with a credit bearing class, the student may continue to remain enrolled in the class and the sponsor will determine appropriate activities for the student.
- Students must participate in practices for the extracurricular activities while on probation.
- Students may not wear or display identifying team or activity uniforms, attire, or accessories.
- \*If competition or performance is scheduled during the summer or on a school holiday (excluding weekends), any days on which the student's team or group actually competes or performs will be counted toward completion of the 20-day probation period.
- "UIL Competition Date" means a day on which the individual or group actually competes or performs in a UIL or Non-UIL sponsored activity when the school is represented.
- If the conduct results in the student's placement in a DAEP, the period of removal will be for the duration of the DAEP placement.

If the student violated the Prohibition due to him/her being determined to be In Proximity without possession, use or being under the influence, and the student has not already violated the Prohibition due to being In Proximity, the student may avoid the applicable consequence (Probationary Removal or Removal) for the In Proximity violation provided the student and his/her parent/guardian (i) participate in an administrative conference with the principal, and (ii) successfully complete the alcohol/drug program by the date assigned along with any follow up with the campus intervention specialist as determined by the principal. A second Violation due to the student being In Proximity will be treated as a first or second offense and subject to the applicable consequence (Probationary Removal or Removal).

An Extracurricular Student can receive only **one** probation period for violating the Prohibition during the students' high school career.

### **Second Offense or Subsequent Offenses: (Removal)**

A second offense or subsequent offenses will result in removal from all (i) extracurricular activities, and (ii) leadership positions for the remainder of the school year.

- If the infraction occurs and/or is discovered 60 or less days prior to the end of the school year, the student will be removed from all extracurricular activities and leadership positions for at least 60 school days or UIL Competition dates. The removal days may extend into the next school year.
- When a second or subsequent infraction occurs after the end of the school year, the consequence will go into effect at the conference with the principal and parent/legal guardian, unless the conference has been forfeited and the principal will determine the start date.

- The student will be removed from all extracurricular activities for the entire upcoming school year.
- Students may not wear or display identifying team or activity uniforms, attire, or accessories.
- Students may not travel with the team or organization, or otherwise act as a representative of the team or organization.
- At the beginning of a new school year, an Extracurricular Student is eligible to participate in extracurricular activities and to pursue future leadership positions after a second offense if the student has “sat out” of all extracurricular activities for no less than 60 school days or UIL Competition days and has otherwise complied with all conditions of his/her removal for the second offense.

## **2020-2021 Extracurricular Activity Acknowledgment and Agreement Form**

### **Student Statement:**

My signature below certifies that I have read and understand the RISD District-Wide Guidelines for Extracurricular Students: Alcohol & Illegal Drugs. I agree to comply with all rules and regulations in these guidelines and any additional rules adopted by my school as a condition of participation as a member of an extracurricular activity. I understand that my failure to comply with these guidelines may result in disciplinary action, including dismissal from all extracurricular activities.

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Printed Name of Student

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Student Signature

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Date Signed

### **Parent/Legal Guardian Statement (for students under 18 years of age):**

My signature below certifies that I have read and understand the RISD District-Wide Guidelines for Extracurricular Students: Alcohol & Illegal Drugs. I understand that my student must comply with all rules and regulations written in these guidelines and any additional rules adopted by my student's school as a condition of participation in an extracurricular activity. I understand that his or her failure to comply may result in disciplinary action, including dismissal from all extracurricular activities.

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Printed Name of Parent or Legal Guardian

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Signature of Parent or Legal Guardian

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Date Signed

# **2020-2021 RICHARDSON GOLDEN EAGLE BAND**

## **ACKNOWLEDGEMENT FORM**

This Handbook is provided for your information. We hope it will make your experience in the Richardson High School Band as beneficial as possible. Organizational information, descriptions and schedules are covered in this Handbook. Please read them and sign the following acknowledgement form and return it to the band office. All forms must be on file before the first day of school. If you have any questions, please contact Mr. Marquez at [jesus.marquez@risd.org](mailto:jesus.marquez@risd.org) for more information.

**Student's PRINTED Name:** \_\_\_\_\_

**THIS IS TO CERTIFY THAT I HAVE RECEIVED AND READ THE 2020-2021 RICHARDSON HIGH SCHOOL BAND HANDBOOK AND WILL OBSERVE ALL GUIDELINES FOUND THEREIN.**

\_\_\_\_\_  
RHS GEB Student Signature

\_\_\_\_\_  
Date

**I HAVE RECEIVED AND READ THE 2020-2021 RICHARDSON HIGH SCHOOL BAND HANDBOOK AND UNDERSTAND HOW IT APPLIES TO MY BAND STUDENT.**

\_\_\_\_\_  
RHS GEB Parent/Guardian Signature

\_\_\_\_\_  
Date



## **RISD Fine Arts Department Authorization and Release for Student Travel -- Local**

### **General Information**

*Welcome to the Fine Arts Department for the 2020 – 2021 school year. We are looking forward to a dynamic year. Throughout the year, your student's Fine Arts program may travel locally to performances, competitions, etc. Students represent the Richardson Independent School District and their school at all times. Student participation in this trip or any other activity is conditioned upon the student's compliance with all applicable rules and policies before and during the activity. Any student who engages in inappropriate behavior while away from RISD on a school-sponsored trip is subject to immediate removal from the activity at the parents' expense in addition to any other school discipline which may be administered.*

*This form is designed to obtain your permission for your student to participate in these school-sponsored local trips throughout the year. A separate form will be provided for any trips that involve overnight travel. Transportation generally will be provided via school buses or district approved vendor. If the school arranges for transportation to an activity, all students participating in the activity are required to travel to and from the activity in the school-arranged transportation unless the parent provides specific written notification to the director in advance of the activity that the parent will provide transportation to and/or from the activity.*

*Please carefully read and complete all information requested on this form. Incomplete forms may delay your student's approval for Fine Arts activities.*

### **Student and Parent/Legal Guardian Information (Please print legibly and provide all requested information)**

Student's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Student's Address \_\_\_\_\_

Student Mobile Telephone # \_\_\_\_\_ Student Home Telephone # \_\_\_\_\_

Name(s) of Student's Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Mother's Telephone Contact #s (Home, Mobile, Work) \_\_\_\_\_

Father's Telephone Contact #s (Home, Mobile, Work) \_\_\_\_\_

Name/Contact #s for Alternate Adult (Emergency Contact) \_\_\_\_\_

Name/Contact #s for Alternate Adult (Emergency Contact) \_\_\_\_\_

**Continued on back**

PRINTED Student Name: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN AUTHORIZATION & RELEASE**

My signature below certifies that I (i) am the parent/legal guardian of the student named in this form and that I have full legal authority to make decisions concerning this minor child, (ii) have carefully completed the information requested on this form and the information is true and complete, and (iii) authorize RISD to transport my student named herein to and from school-sponsored activities such as performances, competitions, etc. connected with his/her participation in the Fine Arts program. I understand that the Richardson Independent School District and its employees will take reasonable steps to ensure the activity, including transportation, is conducted in a safe and responsible manner but I further understand and agree that my student could be injured or sustain other damage or loss. In consideration of the work by the Richardson Independent School District and its employees to plan and sponsor trips and activities and to allow my student to participate, on my own behalf and on behalf of my minor student named herein, I hereby release and hold harmless the Richardson Independent School District and its trustees, employees, agents, assigns, and volunteers from any claims or causes of action, including negligence, resulting from any damages, injuries, or other loss to my student, to me, or my family, arising out of or resulting from my student's participation in school-sponsored activities through the Fine Arts Department.

In the event that my student is presented for or requires medical treatment or surgery or any other form of medical care or aid, I authorize the trip sponsors/chaperones to provide consent for my student to obtain such care and I authorize any medical provider to communicate or consult with such sponsors or chaperones about my student's medical treatment, including disclosing my student's protected health information. I understand that I am responsible for payment of all costs or charges related to medical treatment my student receives such as, but not limited to physician, hospital, x-ray, lab, drugs, and EMS.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed \_\_\_\_\_ Date Signed \_\_\_\_\_

**Health-Related Information**

1. List allergies to food, medications, other. (If None, state NKA.)
2. Describe all major health concerns and illnesses (*e.g.*, diabetes, epilepsy, allergies, heart issues, etc.) (If None, so state.)
3. Will the student be required to take any medication on the trip? If yes, describe. If no, so state.  
*List medication(s), their purpose, mode of administration, and any assistance the student requires*
4. Date of last Tetanus injection:
5. Name/Address/Phone of family physician:
6. Does student wear (yes/no): glasses? \_\_\_\_\_ contact lenses? \_\_\_\_\_ hearing aid? \_\_\_\_\_ other assistive device? \_\_\_\_\_
7. Additional medical information or comments:

**Insurance Coverage** – Please attach a copy (front and back) of any medical and/or dental insurance card(s) under which the student is covered. Identify which carrier provides the primary coverage, if applicable.

Name of Parent who is the Policy Holder: \_\_\_\_\_



Student Printed Name:



## RISD Publication Permission

I grant permission for RISD to identify me by name or likeness or both in RISD publications, either printed or electronic.

☐ Accept      ☐ Decline

\_\_\_\_\_  
RISD Student Signature

I grant permission for RISD to identify my above named child by name or likeness or both in RISD publications, either printed or electronic.

☐ Accept      ☐ Decline

\_\_\_\_\_  
RISD Parent/Guardian Signature

\_\_\_\_\_  
Date

Student Printed Name: \_\_\_\_\_

**PARENT/STUDENT UIL MARCHING BAND  
ACKNOWLEDGEMENT FORM**

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

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time at the performance site. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples Of Activities Subject To The UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band And Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing And Viewing Marching Band Videos
- Playing Off Marching Band Music
- Marching Band Sectionals (Both Director And Student Led)
- Clinics For The Marching Band Or Any Of Its Components

The Following Activities Are Not Included In The Eight Hour Time Allotment:

- Travel Time To And From Rehearsals And/Or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades And Other Public Performances
- Instruction And Practice For Music Activities Other Than Marching Band And Its Components

NOTE:           An extensive Q&A for the Eight Hour Rule for Marching Band can be found on the Music Page of the UIL Web Site at: [www.UIL.utexas.edu](http://www.UIL.utexas.edu)

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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

# PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2017

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in 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		Yes	No
1. Have you had a medical illness or injury since your last check up or 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 activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

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

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

It is understood that even though protective equipment is worn by 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 ☐ NPupils: ☐ 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*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

**MUSCULOSKELETAL**

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

**CLEARANCE**☐ Cleared☐ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_☐ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

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

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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



## RISD School Owned Instrument Check-out Form

Student name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Instrument Make & Model \_\_\_\_\_ Serial Number \_\_\_\_\_

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This is to certify that I am using a school-owned instrument. I understand the guidelines concerning use of my school instrument (*found on the reverse of this form*) and will observe all guidelines.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Student Musician*



Approximate replacement  
cost of this instrument is:

I have read the guidelines for using a school-owned instrument (*found on the reverse of this form*) and understand how it applies to my child.

I hereby agree to hold myself personally and financially responsible for any damage or loss of the instrument while it is in my care. I understand that the RISD does **not** provide off-campus insurance coverage for damage/theft of this instrument. I will allow no other person than the student designated below to use the instrument. I agree to maintain the instrument in its current condition and return it when requested by the director.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Parent/Guardian*

***Make \$100 check payable to: RABC***

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### For office use:

Rental Fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Ck/Cash \_\_\_\_\_ Date Issued \_\_\_\_\_

Date returned \_\_\_\_\_ Recondition Fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Ck/Cash \_\_\_\_\_

### **Condition of Instrument and Case**

\_\_\_\_ New      \_\_\_\_ Excellent      \_\_\_\_ Good      \_\_\_\_ Fair      \_\_\_\_ Poor  
(Provide detailed information if "good," "fair," or "poor" is checked.)

\_\_\_\_ Bocal      \_\_\_\_ Mouthpiece      \_\_\_\_ Neck Strap      \_\_\_\_ Seat Strap      \_\_\_\_ Other



## **RISD School Owned Instrument Guidelines**

- Students in band and orchestra, grades 6-12, are required to provide an instrument. The maintenance, repair and insurance against theft or damage of these personal instruments are solely the responsibility of each student.
- In band, grades 6-12, the District has a limited number of instruments that may be available for an annual usage fee of \$100.
- The following instruments may be available for students to use: piccolo, oboe, bassoon, bass clarinet, tenor saxophone, baritone saxophone, French horn, bass trombone, euphonium, tuba, and ensemble percussion instruments.
- The instrument usage fee for school owned instruments is \$100 per year. All students (including percussionists) who play school owned instruments will be charged \$100 per year. This is a very minimal fee considering that most of the school owned instruments cost several thousand dollars each.
- Students must provide their own personal accessories such as mouthpiece, drum sticks, and reeds.
- In addition to the usage fee, students are responsible for maintenance, repair and upkeep of the instrument.
- Students and parents need to be diligent regarding instrument maintenance to keep the instrument in top playing condition.
- Instruments must be returned at the end of the school year in the same condition as issued, minus normal wear and tear. Any costs associated with damage from negligence or malicious intent will be assessed to the student and parent.
- RISD does not provide insurance coverage for damage/theft of school instruments. It is the responsibility of the parents and student for the full replacement value of the instrument should it be damaged beyond repair or stolen while issued to the student.
- It is strongly recommended that all school owned instruments be insured through your homeowner's policy or a private company. The school district will not assume liability for maintenance, repair, or damage of school owned instruments while they are checked out to a student.
- The instrument will be inspected at the end of the year or any time during the year for damage and the student must pay for any repairs.