



University High School Band

131 Bakers Ridge Road ♦ Morgantown, WV 26508 ♦ 304-291-9275 ♦ www.uhsband.net

May 28, 2021

Dear band students and parents,

We are looking forward to a gradual return to normal band activities for the 2021-2022 school year. We are also happy to report that through a lot of hard work, we appear to have *Weathered the Storm* of the past 14 months, and are on track to pick up where we left off before the pandemic...without a significant drop in either quantity or quality. For our summer rehearsals, we will continue to follow necessary COVID protocols, but we expect this year to more closely resemble pre-pandemic activities.

The SUMMER SCHEDULE was last updated on May 17 and can be found on the UHS Band website listed below.

While we have included required **Health Forms** with this letter, our primary focus is simply to set up our lines of communication:

UHS Band Website:

www.uhsband.net – We post general information under “Director’s Comments.” As this is viewable by the public, we only post information that is suitable for public consumption, and we do not use student names.

The website is also a repository for information about the UHS Band, historical band photos and videos, advocacy, health and physical forms, scale sheets, etc.

Remind App:

Remind is our most important communication tool. Students and parents get important information in a timely manner directly to their phones. Returning students do not need to re-join.

Incoming freshmen and their parents are asked to join the classes in which they are enrolled by visiting www.uhsband.net, locating the “Remind App” information at the top of the right column next to “Director’s Comments” and clicking on the link for the class (or classes) you are in.

IMPORTANT NOTE: Marching Band OT is ONLY for students unable to fit traditional band classes into their schedules. Most students will join either Concert Band or Symphonic Winds, NOT Marching Band OT.

Google Classroom:

All students must be in the Google Classroom for their respective classes. This is where we post assignments and important information, and because it is private, we are able to post information that we cannot post on www.uhsband.net.

Students must sign in through their boe.mono.k12.wv.us account to use Google Classrooms. All current Monongalia County Schools students have these accounts. (Codes have been omitted for security.)

- Concert Band 2021-2022:
- Jazz Ensemble 2021-2022:
- Marching Band OT 2021-2022:
- Symphonic Winds:

Schoology:

Used for grades, direct communication with directors, etc.

University High School Band Boosters Facebook Page:

Parent-operated, you can often find band information here.

Email:

mpalmer@k12.wv.us and corey.orban@k12.wv.us

Actions students and parents should take ASAP:

- Complete both the WVSSAC Physical Form and the UHS Band Health Form prior to the first rehearsal that students attend. Both forms are included, and also available at www.uhsband.net/forms. The UHS Band Health Form is now available as a fillable PDF.

All West Virginia students must have a current physical to participate in band. Physicals completed after May 1, 2021 can be used for all sports throughout the 2021-2022 school year. Students may bring completed forms to their first rehearsal, or may email completed Health and Physical forms to mpalmer@k12.wv.us with HEALTH FORMS in the subject line.

- Regularly check www.uhsband.net, and sign up for Remind (students and parents) and Google Classroom (students) so that you don't miss important announcements.
- Once students have signed up for their respective Google Classrooms, they can find the music we will be performing for the 2021 marching season. (Because there is no Monongalia County Fair parade this year, we have not posted a parade song yet. We will decide on one at a later date.)

If you have further questions, please contact us at the addresses listed above and we will do our best to respond.

We look forward to seeing everyone soon.

Sincerely,



Mark S. Palmer
Director of Bands

**DUE PRIOR TO PARTICIPATION IN ANY
REHEARSAL OR PERFORMANCE**

STAFF USE ONLY

____ Health Problems
____ Allergies

UNIVERSITY HIGH SCHOOL BAND STUDENT HEALTH FORM

1. Student's Name: _____
(LAST) (FIRST) (MIDDLE)
2. Date of Birth: ____/____/____ 3. Home Phone Number: _____
4. Address _____
(STREET)

(CITY) (STATE) (ZIP)
5. Parent/Guardian Name: _____
6. Parent/Guardian E-mail: _____
7. Parent/Guardian Employer: _____
8. Parent/Guardian work and/or cell Phone: _____ (w) _____ (c)
9. Emergency contact if a parent/guardian cannot be reached: _____
(NAME)

(PHONE NUMBER)
10. Does student have insurance through parent employer? _____ Yes _____ No
11. If yes, name of insurance company: _____
12. Policy number: _____
13. Student's physician: _____ 14. Physician's phone number: _____
15. Health History: (check all that apply)
- ____ Diabetes
____ Orthopedic Problems
____ Asthma
____ Epilepsy
____ Cardiac Problems
____ Other (Specify) _____
16. Allergies: (check all that apply)
- ____ Medication (Specify) _____
____ Food (Specify) _____
____ Insects (Specify) _____
____ Latex _____
17. Medications: At home _____
At School _____
- Remember: All medication, including over the counter medication requires a Dr. Order
18. Has student had a tetanus shot current within six years? _____ Yes _____ No
19. Do you know of any health factor that makes it advisable for your child to follow a limited program of physical activity or from participating in any activities? _____ Yes _____ No
- If yes, please explain: _____

I give permission to the physician or hospital to secure proper treatment for and to order medications, injections, anesthesia or surgery for my child as named above.

(PARENT/GUARDIAN SIGNATURE)

(DATE)

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM(Form required each school year on or after May 1st. File in School Administration Office)**ATHLETIC PARTICIPATION / PARENTAL CONSENT****PART I**

Name _____ School Year: _____ Grade Entering: _____

Home Address: _____ Home Address of Parents: _____

City: _____ City: _____

Phone: _____ Date of Birth: _____ Place of Birth: _____

Last semester I attended _____ (High School) or (Middle School). We have read the condensed eligibility rules of the WVSSAC athletics. If accepted as a team member, we agree to make every effort to keep up school work and abide by the rules and regulations of the school authorities and the WVSSAC.

INDIVIDUAL ELIGIBILITY RULES

Attention Athlete! To be eligible to represent your school in any interscholastic contest, you:

- _____ must be a regular bona fide student in good standing of the school. (See exception under Rule 127-2-3)
- _____ must qualify under the Residence and Transfer Rule (127-2-7)
- _____ must have earned at least 2 units of credit the previous semester. Summer School may be included. (127-2-6)
- _____ must have attained an overall "C" (2.00) average the previous semester. Summer School may be included. (127-2-6)
- _____ must not have reached your 15th (MS), 19th (HS) birthday before August 1 of the current school year. (127-2-4)
- _____ must be residing with parent(s) as specified by Rule 127-2-7 and 8.
 - _____ unless parents have made a bona fide change of residence during school term.
 - _____ unless an AFS or other Foreign-Exchange student (one year of eligibility only).
 - _____ unless the residence requirement was met by the 365 calendar days attendance prior to participation.
- _____ if living with legal guardian/custodian, may not participate at the varsity level. (127-2-8)
- _____ must be an amateur as defined by Rule 127-2-11.
- _____ must have submitted to your principal before becoming a member of any school athletic team Participation/Parent Consent/Physician Form, completely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic competition and that your parents consent to your participation. (127-3-3)
- _____ must not have transferred from one school to another for athletic purposes. (127-2-7)
- _____ must not have received, in recognition of your ability as a HS or MS athlete, any award not presented or approved by your school or the WVSSAC. (127-3-5)
- _____ must not, while a member of a school team in any sport, become a member of any other organized team or as an individual participant in an unsanctioned meet or tournament in the same sport during the school sport season (See exception 127-2-10).
- _____ must follow All Star Participation Rule. (127-3-4)
- _____ must not have been enrolled in more than (8) semesters in grades 9 to 12. Must not have participated in more than three (3) seasons while in grades 6-7-8. (Rule 127-2-5).
- _____ qualify under homeschool rule. (Rule 127-2-3.11, 127-2-7.2k, 126-26-3.1.1k)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards but also all other standards set by your school and the WVSSAC. If you have any questions regarding your eligibility or are in doubt about the effect any activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation and intent of each rule. Meeting the intent and spirit of WVSSAC standards will prevent athletes, teams, and schools from being penalized.

PART II - PARENTAL CONSENTIn accordance with the rules of the WVSSAC, I give my consent and approval to the participation of the student named above for the sport **NOT MARKED OUT BELOW**:

BASEBALL	CROSS	GOLF	SWIMMING	VOLLEYBALL
BASKETBALL	COUNTRY	SOCCER	TENNIS	WRESTLING
CHEERLEADING	FOOTBALL	SOFTBALL	TRACK	BAND

MEDICAL DISQUALIFICATION OF THE STUDENT-ATHLETE / WITHHOLDING A STUDENT-ATHLETE FROM ACTIVITY

The member school's team physician has the final responsibility to determine when a student-athlete is removed or withheld from participation due to an injury, an illness or pregnancy. In addition, clearance for that individual to return to activity is solely the responsibility of the member school's team physician or that physician's designated representative.

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school (); has football insurance coverage available through the school (); is insured to our satisfaction ().

I also give my consent and approval for the above named student to receive a physical examination, as required in Part IV, Physician's Certificate, of this form, by an approved health care provider as recommended by the named student's school administration.

I consent to WVSSAC's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

I have read/reviewed the concussion and Sudden Cardiac Arrest information as available through the school and at WVSSAC.org. (Click Sports Medicine)

Date: _____ Student Signature _____ Parent Signature _____

PART III – STUDENT’S MEDICAL HISTORY
(To be completed by parent or guardian prior to examination)

Name _____ Birthdate ____/____/____ Grade ____ Age ____

Has the student ever had:

- Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures, etc.)
Yes No 2. Any hospitalizations?
Yes No 3. Any surgery (except tonsils)?
Yes No 4. Any injuries that prohibited your participation in sports?
Yes No 5. Dizziness or frequent headaches?
Yes No 6. Knee, ankle or neck injuries?
Yes No 7. Broken bone or dislocation?
Yes No 8. Heat exhaustion/sun stroke?
Yes No 9. Fainting or passing out?
Yes No 10. Have any allergies?
Yes No 11. Concussion? If Yes _____
Date(s) _____

- Yes No 12. Have any problems with heart/blood pressure?
Yes No 13. Has anyone in your family ever fainted during exercise?
Yes No 14. Take any medicine? List _____
Yes No 15. Wear glasses ____, contact lenses____, dental appliances____?
Yes No 16. Have any organs missing (eye, kidney, testicle, etc.)?
Yes No 17. Has it been longer than 10 years since your last tetanus shot?
Yes No 18. Have you ever been told not to participate in any sport?
Yes No 19. Do you know of any reason this student should not participate in sports?
Yes No 20. Have a sudden death history in your family?
Yes No 21. Have a family history of heart attack before age 50?
Yes No 22. Develop coughing, wheezing, or unusual shortness of breath when you exercise?
Yes No 23. (Females Only) Do you have any problems with your menstrual periods.

PLEASE EXPLAIN ANY “YES” ANSWERS OR ANY OTHER ADDITIONAL CONCERNS.

I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE ____/____/____

PART IV – VITAL SIGNS

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Visual acuity: Uncorrected ____/____; Corrected ____/____; Pupils equal diameter: Y N

PART V – SCREENING PHYSICAL EXAM

This exam is not meant to replace a full physical examination done by your private physician.

Mouth:

Appliances Y N
Missing/loose teeth Y N
Caries needing treatment Y N
Enlarged lymph nodes Y N
Skin - infectious lesions Y N
Peripheral pulses equal Y N

Respiratory:

Symmetrical breath sounds Y N
Wheezes Y N
Cardiovascular:
Murmur Y N
Irregularities Y N
Murmur with Valsalva Y N

Abdomen:

Masses Y N
Organomegaly Y N
Genitourinary (males only);
Inguinal hernia Y N
Bilaterally descended testicles Y N

Any “YES” under Cardiovascular requires a referral to family doctor or other appropriate healthcare provider.

Musculoskeletal: (note any abnormalities)

Neck: Y N	Elbow: Y N	Knee/Hip: Y N	Hamstrings: Y N
Shoulder: Y N	Wrist: Y N	Ankle: Y N	Scoliosis: Y N

RECOMMENDATIONS BASED ON ABOVE EVALUATION:

After my evaluation, I give my:

- _____ Full Approval;
_____ Full approval; but needs further evaluation by Family Dentist ____; Eye Doctor ____; Family Physician ____; Other ____;
_____ Limited approval with the following restrictions: _____;
_____ Denial of approval for the following reasons: _____.

MD/DO/DC/Advanced Registered Nurse Practitioner/Physician's Assistant

Date