

KLEIN COLLINS HS FINE ART PHYSICAL PACKET 2025-2026

☐ COLOR GUARD

☐ MARCHING BAND - Instrument: _____

Instructions for completion:

1. PRINT all information legibly in **INK**.
2. Complete all BLANKS and sign at all **X**'s.
3. Return all COMPLETED forms to the appropriate director.
4. If you have any questions, email Ms. Thibodeaux

PLEASE COMPLETE IN INK!

STUDENT INFORMATION

Student's Name: _____ Student ID# _____

Sex: M _____ F _____ Age: _____ Birthday: _____ / _____ / _____ School: Klein Collins High School Grade: 9 10 11 12

Home Address: _____ City: _____ Zip: _____ Home Phone: _____ - _____ - _____

Father/Guardian: _____ Work Phone: _____ - _____ - _____

Employer: _____ Cell Phone: _____ - _____ - _____

Father's Email Address: _____

Mother/Guardian: _____ Work Phone: _____ - _____ - _____

Employer: _____ Cell Phone: _____ - _____ - _____

Mother's Email Address: _____

EMERGENCY NUMBERS

In case of emergency notify: list two people and their relationship (other than parents).

Name: _____ Address: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - ext. _____ Cell Phone: _____ - _____ - _____

Name: _____ Address: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - ext. _____ Cell Phone: _____ - _____ - _____

STUDENT INSURANCE / HEALTH INFORMATION

Please list any Health Insurance by which the student is covered of write "NONE" if no coverage exists:

Primary Insurance Company: _____ Policy Holder: _____

Address: _____

Phone: _____ Policy #: _____ Group #: _____

Please list any **allergies**: _____

Please list any **medications**: _____

X Parent/Guardian Signature: _____ **X** Date: _____

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

questions are designed to determine if the student has developed any condition which would make it hazardous to participate in a fine art 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?		
Have you ever had surgery?	<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"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<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 passed out 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"/>
Have you ever had chest pain during or after 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"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
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"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
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"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
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"/> Upper Arm	<input type="checkbox"/> Foot	
Has a physician ever denied or restricted your participation in sports for any heart problems?	<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"/>
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			<i>Females only</i>		
When was your last concussion? _____			19. When was your first menstrual period? _____		
How severe was each one? (Explain below)			When was your most recent menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How many period have you had in the last year? _____		
Have you ever had numbness or tingling in you arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<p>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.</p>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	<p>**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):</p> <p>_____</p> <p>_____</p> <p>_____</p>		
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"/>			
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"/>			

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, and 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, SCRIMAGE 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 _____ Gender _____ 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

This **Physical Examination Form** must be completed prior to high school fine art events. 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 requires 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 ***Please make sure that a doctor's stamp is applied to the bottom of this form.***

☐ 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.

PARENT/STUDENT UIL MARCHING BAND EIGHT HOUR RULE ACKNOWLEDGEMENT FORM

No student may be required to attend practice for marching band for more than eight hours 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 UIL 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 Sectional. (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

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

X Parent Signature _____ Date. _____

X Student Signature _____ Date _____

KC Band Attendance Policy

Requests for excused absences from performances must be made at least **3 weeks** in advance but are not guaranteed to be excused. In an emergency situation, contact the band directors as soon as it is convenient for your family. Contact Ms Thibodeaux: 832-484-5500 ext. 45305 or athibodeaux1@kleinisd.net.

Excused absence and tardiness include:

1. Personal Illness. Turn in a doctor's note upon return to school.
2. Medical emergency or personal injury. Turn in a doctor's note upon return to school.
3. Death in the family. Parent contact the band director as soon as convenient via email or phone.
4. Religious holiday/special church event. Parent contact the band director in advance
5. Special circumstances, with notice **3 weeks prior** to the event, such as a family wedding or similar once-in-a-lifetime event.

Unexcused absence and tardiness include, but are not limited to:

1. Work
2. Transportation Not Arranged
3. Oversleeping
4. A lot of homework
5. Group Projects
6. Family Trip
7. Non-KCHS/Non-KISD organization events (fall ball, select leagues, cheer team, etc.)
8. Tickets already purchased for any event or trip even if expensive and/or a surprise gift
9. Anything deemed unexcused by the assistant principals

Attendance is included as a major component of every KC band tryout. Absences/tardiness will affect band placement and positions of leadership. Please check the dates in CutTime regularly and make early contact regarding potential issues.

Performances for *every* band member include:

1. Varsity football games
2. Marching Contests
3. Band Concerts
4. UIL Concert & Sightreading Evaluation
5. Scheduled band contests/festivals/concerts/Solo & Ensemble contests at scheduled locations
6. Klein Collins Graduation as assigned
7. Musical / Full Orchestra as assigned

An unexcused absence from a performance will have consequences. *Students cannot letter in band, hold or run for an office, be or tryout for drum major, captain, squad leader, or be a member of a crew, if they have an unexcused absence.* In some cases, an unexcused absence could result in the student being removed from band or color guard.

Marching Rehearsals Everyone must attend marching practice every day.

- Schedule doctors' appointments, etc., at times that do not conflict with band rehearsals. Take advantage of the days with no marching rehearsal schedule. Schedule appointments on the days off when possible.
- Attend the morning (before school) tutorials, test corrections and make up tests. Every department has at least one morning tutorial each week (several have two mornings from which to choose).
- Make appropriate arrangements for piano or voice lessons not at Klein Collins, etc. in advance so that you do not miss a band rehearsal. Lessons for your instrument taught at Klein Collins will work as long as you are only inside during your lesson time.
- Please check with the band directors about the best time to schedule drivers' education.

Sectionals, Full Band Rehearsals

There are no excused absences from these except for illness. All UIL bands will have sectionals weekly for a grade. Full Orchestra and Musical sectionals must have 100% attendance 100% of the time or removal from the ensemble is at risk. These groups have very few rehearsals before major performances. Students who cannot commit to the schedule should not accept the placement into the Musical or Full Orchestra. Please visit CutTime or Schoology for sectionals/performances

Region Auditions, Solos & Ensemble

Wind Ensemble and Applied Music members are required to audition for Region Band. Any other student who chooses to enter must follow through with participating in the contest. Every wind and percussion student will learn a solo and all students are required to participate in the solo and ensemble contest.

I have read and understand the Attendance Policy and Performance Schedule. I will do my best to uphold the policies and principles of the Klein Collins Band.

Parent Name (Printed) _____

Student Name (Printed) _____

Parent Signature _____ Date _____

Student Signature _____ Date _____

Publicity Release Form

The Klein Independent School District has my consent to make (or authorize the making of) a photograph of my child or his/her work for any lawful purpose without further notice to me. (code 26.009 of the Texas Education Code). I also give the District my consent to record (or authorize the recording of) my child's voice without further notice to me.

I understand that such photographs, videotape or audiotapes of my child, which may be accompanied by his/her name, could appear on the District's website on the Internet with or without my knowledge. I further understand that my child's work, which may be accompanied by his/her name, may be electronically displayed and produced.

I also agree to hold harmless, the Klein ISD (including its Board of Trustees, agents, offices, employees, contractors, attorneys and others representing the district) from any claims or causes of action directly or indirectly related to the photographing, videotaping, audio taping, or on-line publishing of my child and/or work produced by him/her.

I hereby waive all residual rights of claims, monetary or otherwise that might arise as a result of any lawful use of the above described material and do hereby grant permission for the use of such material for any lawful purpose. Please indicate your preference by checking one of the blanks below.

☐

Yes, I agree to the terms stated above.

☐

No, neither my child nor his/her work may be photographed, videotaped or audiotaped.

Name of Student: _____

X Parent/Guardian Signature: _____ Date: _____

Klein Collins Band Social Media Agreement

In the Band Program, safety is very important both in person and virtually. Every student needs to feel comfortable expressing themselves and free to try new things that may be outside their comfort zone. Students should not feel anxiety over whether or not what they do in class / online is shared without their permission. Freedom of expression can only happen when students feel secure.

With that in mind: (please initial next to each entry)

☐ I take responsibility for my online profile, including all posts from my device.

☐ I will not video any activities in the classroom unless first approved by the director and student(s) being filmed.

☐ I will not degrade my classmates, teachers, directors or administration on any social media platform.

☐ I will post only positive things about my classmates, teachers, directors and school administrators.

☐ I will ignore any negative comments about me and will not retaliate. I will bring it to the immediate attention of the directors.

☐ If I see a classmate post something potentially negative online, I will bring it to the attention of the teacher / director.

☐ I am aware that I represent myself, class, school, team, family and community at all times, and will do so in a positive manner.

Remember: Your digital footprint can help and hurt you. In the future, you never know when it may become important to your reputation: college admissions, a new job, etc. ALWAYS keep this in mind.

Student Signature (by typing your name, you agree to these terms) Date

Parent Signature (by typing your name, you agree to these terms) Date

KC Band Handbook Summary Receipt Form

I acknowledge receipt/online access to the Klein Collins Band Handbook (www.kleincollinsband.org). I have read, or will read, the KCB Handbook and agree to all of the policies it sets forth. Additionally, I understand the time commitments, attendance commitments, audition process, and grading policies for the Klein Collins Band.

Parent Name (Printed)_____

Parent Signature _____

Date_____

Student Name (Printed)_____

Student Signature _____

Date_____

<p>This form must be returned by August 13, 2025. Students will only be able to participate and receive full credit for rehearsals and performances after returning this document.</p>
