

KLEIN COLLINS HS FINE ART PHYSICAL PACKET 2026-2027

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.

<p>1. Have you had a medical illness or injury since your last check up or sports physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever had prior testing for the heart ordered by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member or relative died of heart problems or of sudden unexpected death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No 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"/> Yes <input type="checkbox"/> No Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a physician ever denied or restricted your participation in sports for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below) _____ Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had numbness or tingling in you arms, hands, legs, or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</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"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have any allergies (for example, to pollen, medicine food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check appropriate box and explain below:</p> <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <p>16. Do you want to weight more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Females only</i></p> <p>19. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many period have you had in the last year? _____ What was the longest time between periods in the last year? _____</p>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
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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, 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, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

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 _____

ACKNOWLEDGEMENT OF RULES AND WAIVER

Attention School Authorities: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name _____ Date of Birth _____

Current School: Klein Collins High School

Parent or Guardian's Permit

I hereby give my consent for the above student to compete in University Interscholastic League approved fine art events, and travel with the representative of the school on any trips.

Furthermore, as a condition of participation and for the purpose of ensuring compliance with University Interscholastic League (UIL) rules, I consent to the disclosure of personally identifiable information, including information that may be subject to the Family Educational Rights and Privacy Act (FERPA), regarding the above named student between and among the following: the high school middle school where the student currently attends or has attended; any school the student transfers to; the relevant District Executive Committee and the UIL. I further understand that all information relevant to the students' UIL eligibility and compliance with other UIL rules may be discussed and considered in a public forum. I acknowledge that revocation of this consent must be in writing and delivered to the students' school and the UIL.

It is understood that even though necessary precautions are in place for students, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules and agree that my son/daughter will abide by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all band / dance / color guard equipment issued by the school to the above-named student.

If, in the judgment of any representatives of the school, the above student needs 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 to said student by a physician, licensed athletic trainer, nurse, hospital 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.

I have been provided with the UIL Parent Information Manual regarding health and safety issues and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

The UIL Parent Information Manual is located at: http://www.uiltxas.org/files/athletics/manuals/Parent_Info_Manual_15-16.pdf

Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, directors, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

To the Parent: Check any activity in which this student is allowed to participate.

Marching Band Color Guard

STATEMENT OF ACCURACY OF INFORMATION:

I, the undersigned, attest to the accuracy of the information contained in this Acknowledgement of Rules and Waiver.

X Parent / Guardian 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, videotapes 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 because 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 with 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

Acknowledgement of Electronic Distribution of Klein Collins Band Handbook 2026-2027

My child and I have been offered the option to receive a paper copy or to electronically access the 2025-2026 Band Handbook.

I have chosen to:

Receive a paper copy of the Band Handbook

Accept responsibility for accessing the Band Handbook by visiting the Klein Collins Band Website:

www.kleincollinsband.org

I understand the handbook contains information that my child and I need during the school year and that all students enrolled in the band will be held accountable for all rules, expectations and policies. I can contact the band director if I have any questions regarding the band handbook.

Printed Name of Student _____

Signature of Student _____

Signature of Parent _____

Date: _____