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2023 - 2024 Cain Band Spring Orientation Meeting

To Do List

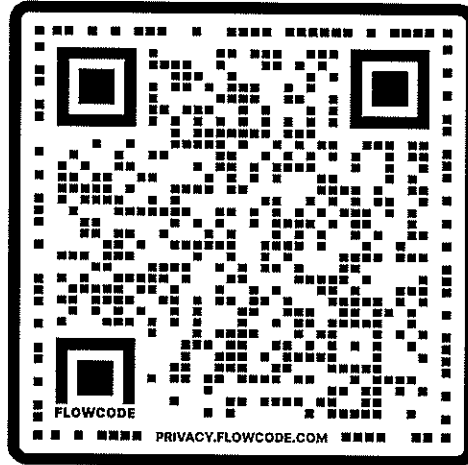
- Print, read, sign, and send in your Participation Agreement (**Due June 2**). An extra form is also attached to this packet.
- Schedule doctor's appointment for Physical (**Due July 24**)
- Join the BAND app. Download the app and search (top left corner) "Cain Band 2023 - 2024" 
- If you haven't been receiving emails, please send a message to jbradberry1@kleinisd.net.
- Join our Facebook page: Klein Cain High School Band
- Follow us on Twitter @KleinCainHSBand
- Follow us on Instagram @klein_cain_band
- Check out our website: <https://kleincainbandassociation.org/>

Please get connected, stay in touch, and read carefully through all correspondence sent out!

Band Quotes to Live By...

- Early is on time; on time is late; late is unacceptable!
- Water, water, H2O...Dehydration no, no, no!
- An informed band family is a happy band family. Stay connected!
- Watch your thoughts; they become words. Watch your words; they become actions. Watch your actions; they become habits. Watch your habits; they become character.

Summer Flag Information & Sign Up



KCBA Contact Information

President	president@cainband.org
Vice President	vp@cainband.org
Treasurer	treasurer@cainband.org
Secretary	secretary@cainband.org
Chaperones	chaperones@cainband.org
Color Guard	colorguard@cainband.org
Fundraising	fundraising@cainband.org
Historian	historian@cainband.org
Health & Safety	healthandsafety@cainband.org
Hospitality	hospitality@cainband.org
Storm Chasers/Props	stormchasers@cainband.org
Social	social@cainband.org
Spiritwear	spiritwear@cainband.org
Sponsorship	sponsorship@cainband.org
Uniforms	uniforms@cainband.org
Senior Committee	TBD

2023 - 2024 KLEIN CAIN BAND
Working SUMMER & FALL CALENDAR (As of 5-2-23)

MAY

- 13 (Sat) Class Placement Auditions @ Klein Cain (Brass and Woodwind Instruments)
- 16 (T) Cain Band Spring Concert
- 26 (F) *Last day of Spring semester*
- 31 (W) **Mini Band Camp (8 AM - 5 PM)**

JUNE

- 1 (Th) **Mini Band Camp (8 AM - 5 PM)**
- 2 (F) **Mini Band Camp (8 AM - 5 PM)**
- 4 (Sat) Leadership Pow Wow (9 AM - 4 PM) **Leadership team only**
- 5 (M) Optional Sectional Day (9 AM - 1 PM if in town)
- 12 (M) Optional Sectional Day (9 AM - 1 PM if in town)
- 19 (M) Optional Sectional Day (9 AM - 1 PM if in town)
- 26 (M) Optional Sectional Day (9 AM - 1 PM if in town)

JULY

- 3 (M) Optional Sectional Day (9 AM - 1 PM if in town)
- 10 (M) Optional Sectional Day (9 AM - 1 PM if in town)
- 17 (M) Optional Sectional Day (9 AM - 1 PM if in town)
- 20 (Th) Leadership Pow Wow (9 AM - 4 PM) **Leadership team only**
- 21 (F) Leadership Pow Wow (9 AM - 4 PM) **Leadership team only**
- 24 - 28 (M-F) **Band Camp: Week 1 (7:00 AM - 5:00 PM)**
- 29 (Sat) **Registration Day (RESERVE THE ENTIRE DAY)**
- 31 (M) **Band Camp: Week 2 (7:00 AM - 7:00 PM)**

AUGUST

- 1 - 5 (T-Sat) **Band Camp: Week 2 (7:00 AM - 7:00 PM)**
- 7 (M) Full Band Rehearsal (4 - 9 PM)
- 9 (W) Marching Band Rehearsal (3 - 5 PM) ← First Day of School
- 10 (Th) Marching Band Rehearsal (3 - 5 PM)
- 12 (Sat) Marching Band Rehearsal (7 AM - 7 PM)
- 14 (M) Marching Band Rehearsal (3:00 - 5:30 PM)
- 15 (T) Marching Band Rehearsal (3:00 - 5:30 PM)
- 16 (W) Marching Band Rehearsal (3:00 - 5:00 PM)
- 16 (W) **Meet the Hurricanes (7:00 - 8:00 PM)**
- 19 (Sat) Marching Band Rehearsal (8:00 AM - 5:00 PM)

2023 - 2024 KLEIN CAIN BAND
Working SUMMER & FALL CALENDAR (As of 5-2-23)

AUGUST (continued)

21 (M) Marching Band Rehearsal (3:00-5:30 PM)
22 (T) Marching Band Rehearsal (3:00-5:30 PM) / *CG Only 5:30-8:30PM*
24 (Th) Marching Band Rehearsal (3:00-5:30 PM)
25 (F) **Away Football vs. Summer Creek**
26 (Sat) *Recommended SAT Test Date*
Total Rehearsal Hours = 7.5 (8 Hours for Color Guard)

28 (M) Marching Band Rehearsal (3:00-5:30 PM)
29 (T) Marching Band Rehearsal (3:00-5:30 PM) / *CG Only 5:30-8:30PM*
30 (W) Marching Band Rehearsal (3:00-5:30 PM)
31 (Th) **Away Football vs. College Park (7 PM) @ Woodforest**
Total Rehearsal Hours = 7.5 (8 Hours for Color Guard)

SEPTEMBER

4 (M) Labor Day Holiday
5 (T) Marching Band Rehearsal (3:00-5:30 PM) / *CG Only 5:30-8:30PM*
6 (W) Marching Band Rehearsal (3:00-5:30 PM)
7 (Th) **Away Football vs. Cy-Falls (7 PM) @ Pridgeon**
9 (Sat) *Recommended ACT Test Date*
Total Rehearsal Hours = 7.5 (8 Hours for Color Guard)

11 (M) Marching Band Rehearsal (3:00-5:30 PM)
12 (T) Marching Band Rehearsal (3:00-5:30 PM) / *CG Only 5:30-8:30PM*
14 (Th) Marching Band Rehearsal (3:00-5:30 PM)
NO FOOTBALL GAME THIS WEEK - OPEN WEEK
Total Rehearsal Hours = 7.5 (8 Hours for Color Guard)

18 (M) Marching Band Rehearsal (3:00-5:30 PM)
19 (T) Marching Band Rehearsal (3:00-5:30 PM) / *CG Only 5:30-8:30PM*
21 (Th) Marching Band Rehearsal (3:00-5:30 PM)
22 (F) **Away Football vs. Tomball Memorial (7 PM) @ Tomball ISD**
Total Rehearsal Hours = 7.5 (HC deducted) (8 Hours for Color Guard)

26 (T) Marching Band Rehearsal (3:00 - 5:30 PM)
27 (W) Marching Band Rehearsal (3:00-5:30 PM) / *CG Only 5:30-8:30PM*
28 (Th) Marching Band Rehearsal (3:00-6:00 PM)
29 (F) **Home Football vs. Klein High (7 PM) @ Klein Memorial *8TH GRADE NIGHT***
30 (Sat) **Bands of America Regional @ Woodforest Bank Stadium (All Day)**
Total Rehearsal Hours = 8 (8 Hours for Color Guard)

OCTOBER

HOME COMING WEEK 2023!!!

2 (M) Marching Band Rehearsal (3:00-5:30 PM)
3 (T) Marching Band Rehearsal (3:00-6:00 PM) / *CG Only 5:30-8:30PM*
5 (Th) Marching Band Rehearsal (3:00-5:30 PM)
6 (F) **Home Football vs. Klein Forest (7 PM) @ Klein Memorial**
7 (Sat) *Recommended ACT Test Date*
Total Rehearsal Hours = 8 (8 Hours for Color Guard)

2023 - 2024 KLEIN CAIN BAND
Working SUMMER & FALL CALENDAR (As of 5-2-23)

October (continued)

9 - 13 (M-F)	Fall Break (Must be back in town for Friday Rehearsal and Saturday Competition!!)
13 (F)	Marching Band Rehearsal (9:00 AM - 4:00 PM)
13 (F)	Away Football vs. Klein Oak (7 PM) @ Klein Memorial
14 (Sat)	Rehearsal and 2023 Lonestar Preview Competition (All Day) <i>Total Rehearsal Hours = 11 (12 allowed by UIL)</i>
16 (M)	Marching Band Rehearsal (3:00 -6:00 PM)
17 (T)	Probable UIL Region 9 Marching Evaluation (Details TBD)
18 (W)	Probable Region 9 Marching Evaluation Rain Date
19 (Th)	Marching Band Rehearsal (3:00-7:00 PM)
20 (F)	Home Football vs. Klein Collins (7 PM) @ Klein Memorial *SENIOR NIGHT*
21 (Sat)	UIL Region 9 Area Marching Contest (All Day) <i>Total Rehearsal Hours = 7</i>

PLEASE NOTE: UIL Region and Area Competition information will be confirmed once approved!.

23 (M)	Marching Band Rehearsal (3:00-5:00 PM)
24 (T)	Marching Band Rehearsal (3:00-5:00 PM)
26 (Th)	Marching Band Rehearsal (3:00-5:00 PM)
27 (F)	Marching Band Rehearsal (3:00-5:00 PM)
28 (Sat)	Away Football vs. Waller (2 PM) @ Waller ISD <i>Total Rehearsal Hours = 8</i>
30 (M)	Marching Band Rehearsal (3:00-5:30 PM) -OR- UIL State 6A Prelims (San Antonio - must qualify to attend)
31 (T)	UIL State 6A Finals (San Antonio - must qualify to attend)

NOVEMBER

Please Note - We will continue with maintenance rehearsals and attend all football games through the regular season and playoffs. Detailed information will be posted as it becomes available.

2 (Th)	Marching Band Rehearsal (3:00-5:00 PM)
3 (F)	Marching Band Rehearsal (3:00-5:30 PM)
4 (Sat)	Home Football vs. Tomball (2 PM) @ Klein Memorial -AND/OR- Possible US Bands Houston Competition (All Day)
4 (Sat)	SAT Test Date - DO NOT REGISTER!! <i>Total Rehearsal Hours = 7</i>

DECEMBER

2 (Sat)	SAT Test Date
9 (Sat)	ACT Test Date

****Full Marching Band Rehearsal = All students (wind players, percussion, and color guard)***

****Wind Players = Woodwind and Brass Instruments***

****Klein ISD Marching Band Showcase - Dates and Times will be announced once the schedule is confirmed!!***

****PLEASE NOTE: A detailed rehearsal schedule for musical rehearsals, second semester UIL sectionals and full band rehearsals will be published by the end of December.***



2023-2024 Klein Cain High School Band and Color Guard

KCBA Participation Agreement

Part 1 - Provisions

As a member of the Klein Cain High School Band Program, I agree to abide by the following provisions. I understand that failure to adhere to these policies may result in my immediate removal from the program and that such removal will result in the loss of all membership privileges.

Code of Conduct

I understand that membership in the Klein Cain High School Band Program is a privilege. I understand that as a member of the band I will be considered a school leader, and I expect to be held to the very highest of standards.

I understand that I have a responsibility to uphold the commitment I have made to all other members. Because of this, I will strive to master my individual musical/visual responsibilities to the best of my ability. I also understand that the band program is comprised of many members with varying levels of experience and ability, and I agree to help and support other student members. **I understand that I must never be involved in actions that may cause divisiveness between members or sections of the ensemble!**

I understand that when in uniform, I will conduct myself in a professional manner at all times. This includes no running or horseplay while in uniform, eating (unless instructed that it is acceptable in special circumstances) while in uniform, as well as using derogatory or inappropriate language while in uniform. THIS INCLUDES BEHAVIOR ON BUSES WHILE TRAVELING IN UNIFORM!!!

I agree to abide by the Klein ISD Student Code of Conduct at all times. I understand that failure to abide by the code of conduct at any time may result in my immediate removal from the ensemble. If such infraction occurs while on an overnight trip, I understand that I will immediately be sent home at my own additional expense.

Attendance

I understand that attendance at every scheduled rehearsal and performance is mandatory. I realize that this is necessary because the absence of one student hinders the ability of others to effectively rehearse or perform. I acknowledge that I have received a rehearsal schedule for the 2023-2024 Marching Band. I also understand that a calendar for the entirety of the school year will be distributed the first week of classes. I understand that any unexcused absences may result in loss of performance privileges, or my immediate removal from the ensemble. In the event of unforeseen emergency or illness, I agree to notify a Director as soon as possible.

All absence requests must be submitted online as soon as a conflict becomes apparent and must be submitted two weeks in advance to be considered. Please submit absence requests online at: <https://kleincainbandassociation.org/forms>

Fees

I understand that my family is fully responsible for our band fees payable to the Klein Cain Band Association (KCBA) in accordance with the published payment schedule. KCBA incurs expenses throughout the entire school year and relies on all families staying current on fee payments.

I agree to keep my account current and to promptly pay amounts due. I understand that if I do not remain current on payments, I jeopardize the activities and travel opportunities for the entire ensemble as well as my own ability to participate.

Fees (continued)

I agree and understand that failure to pay fees (including uncollected fees from previous years) may result in my removal from participation in band and color guard activities outside of class (including guest master classes and special events). If for any reason I should leave the program, I realize that any portion of my membership fees already paid will not be refunded, and cannot be transferred to a sibling account.

I understand that having a position with student leadership is a privilege, and not a right. **I understand that to be in a position of student leadership in the program, I am expected to remain current on fee payments.** I understand that one qualification for student leadership is that no balance can be carried over from a prior year or that I must have met with members of the KCBA board, committed to and signed an approved plan for payment of any prior balance on my KCBA account. **I understand that a failure to honor this obligation disqualifies me from student leadership.**

Volunteering

I agree that my family will actively support the program through volunteering opportunities which may include participation in a KCBA committee, assistance with events, chaperoning, or other venues as may be made available by KCBA. **Every family is expected to volunteer a total of ten hours (in some capacity) every school year – we will be sure to publicize all volunteering opportunities!!!**

I understand that each family is requested to donate bottled water, soft drinks, and snacks occasionally during the year that are used during camps, rehearsals, and certain events.

Communication

I understand it is my responsibility to stay informed about band activities, announcements, and meetings. **I understand and agree to provide and maintain accurate contact information for the student and responsible parent/guardian and to notify KCBA when the information may change. I understand KCBA relies primarily on email, the KCBA and Charms websites, and monthly meetings to communicate important announcements, news, and invoices.** I agree it is my responsibility to notify KCBA promptly if I am not receiving emailed information. **Please be sure to sign-up to join our band app to keep up on important announcements.**

Student (PRINT): _____

Parent/Guardian (PRINT): _____

Instrument/Section: _____

Home Address: _____

Address Line 2: _____

Student Signature: _____

Parent/Guardian Signature: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Klein Student ID#: _____

Parents: Keep a copy of this agreement for your records.

2023-2024 Klein Cain High School Band and Color Guard – Payment Schedule

PAYMENT OPTIONS (Please Circle One)		PAYMENT OPTION
<input type="checkbox"/> 1. Pay in Full	I will pay the entire fee now.	<input type="checkbox"/> By Check: Check # _____ Amount \$ _____ <i>Write the Student Name and "Band Fees" in memo field to assure credit.</i> Payments may be sent to the KCBA P.O. Box, or deposited in the band office safe. <p style="text-align: center;"><i>Klein Cain Band Association</i> 9337 Spring Cypress Road Suite A #409 Spring, Texas 77379</p> <input type="checkbox"/> By Credit Card (Orientation Meeting Only – PLEASE NOTE: a 2.7% transaction fee will be added) Last 4 Digits: _____ Name on Card: _____
<input type="checkbox"/> 2. Pay by Schedule	I will follow the prescribed Payment Schedule listed below.	
<input type="checkbox"/> 3. Pay by Alternate Arrangement Parent Initials: _____ Treasurer Initials: _____	I will set up a meeting with the Director and the appropriate KCBA Treasurers to commit to an alternate payment option. <p style="text-align: center;"><i>This meeting MUST take place BEFORE the July 24 Camp.</i></p> <p style="text-align: center;"><i>Student participation is not assured until this meeting has occurred.</i></p>	

KCBA PAYMENT SCHEDULE			
1	Non-Refundable Commitment Fee	6-1-2023	\$150
2	Payment 2	8-1-2023	\$150
3	Payment 3	10-1-2023	\$100
4	Payment 4	12-1-2023	\$100
Total:			(\$500.00)

School Cash Band Class Fee Payment Schedule			
1	School Cash Payment (ALL)	9-1-2023	\$50
2	School Cash Payment (School-Owned Instrument Rental/Mallet Fee)	9-1-2023	\$50
Total:			(\$50.00)

- NOTES**
1. The following items are NOT included in the Payment Schedule:
 - a. Shoes/Gloves/Dry Fit Shirt and/or Formal Concert Wear – Separate Uniform and Concert Wear fees are required.
 - b. Student Band Bags, Spirit Wear, and Thermoses
 - c. Bottled Water and Soft Drinks
 - d. Concert Band Events and Fees
 - e. Winter Guard Events and Fees
 2. All payments are non-refundable.
 3. Student accounts must be kept current through direct payments in order to assure the student's participation.
 4. **Volunteering is an essential element of a successful program and is required of all families. Each family is expected to volunteer at a minimum of ten hours during the 2023-2024 School Year.** Typical events include rehearsals, special events, trips, or any committee-related work.

Student Name (Print) _____ Parent/Guardian Name (Print) _____

Student Signature: _____ Parent/Guardian Signature: _____



PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2022

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 _____ Email _____

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 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 unexplained 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 activities for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. 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 your 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 Do you have seasonal allergies that require medical treatment? <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 activity 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"> <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 weigh 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 periods have you had in the last year? _____ What was the longest time between periods in the last year? _____</p> <p><i>Males Only</i></p> <p>20. Are you missing a testicle? _____</p> <p>21. Do you have any testicular swelling or masses? _____</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	
<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																		

An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UII Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

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 UII.

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 N Pupils: 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.*

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
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) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
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.



2023-2024 Klein Cain Band Sponsorship Appeal



The Klein Cain Band Association is looking for sponsors for the upcoming 2023-2024 school year.

We want to see your logo on our Semi-trailer, Guard Trailer, Show Shirt and MORE!

Exposure at football games, contests and everywhere the band and its families go!

Opportunities at all financial levels

Scan Here for the full Sponsorship Packet and Details



Please contact: fundraising@cainband.org or sponsorship@cainband.org

