



Jersey Village High School Band & Color Guard

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Welcome to the Jersey Village Band! We are excited for next year's marching band, concert band, and winter guard seasons! Included in this packet are forms and information required for participation in 2025-2026. The following forms will need to be completed and returned prior to the end of the current school year:

- Physical Evaluation (*can be completed with your physician, clinic, or see included schedule for physicals offered on CFISD campuses*)
- ECG Consent Form
- Parent Permission and Medical Form
- UIL Marching Band Acknowledgement Form
- JVHS Band & Color Guard Student and Parent Acknowledgement

In addition to the required paperwork, there is a flyer regarding band & color guard fees. Our fees include all uniform supplies needed as well as meals for Thursday/Friday football games and Saturday marching contests. Please review the document and keep it for reference. For incoming freshmen, the initial deposit can be paid during or after the 8th grade marching clinics that are at Dean & Cook. There is also a QR code to pay via credit/debit card in Square; once new members are added to the JVHS CutTime account you will be able to make your payments there. Please email me with any questions at christopher.rapacki@cfisd.net.

Be sure to visit our website www.jvhsband.org where you will find more information and our official event calendar. Students are expected to be at every rehearsal and performance with excused absences limited to student illness or death in the immediate family. Students may participate in other JVHS sports and activities as long as there is open communication and a mutually agreed upon schedule.

Marching band is an athletic activity! Students will need to dress in comfortable athletic-style clothing (athletic shorts, t-shirt or dri-fit shirt, tennis/running shoes, comfortable socks) for rehearsals. Avoid black or dark-colored shirts that absorb the sunlight. Hats, sunglasses, and sunscreen are also important to keep the head and face cool. ½ gallon minimum water jugs are REQUIRED at all outdoor rehearsals.

For full summer band rehearsal days, lunch will be from 11:00-12:00 PM. Students may bring a lunch to eat on campus or may go off campus provided they return on time for the afternoon session. Summer band is CRUCIAL for the marching band to prepare for our first football game performance in August!

IMPORTANT MARCHING BAND DATES

8th Grade Clinics (Band and Color Guard):

Cook: Mondays May 5th, 12th, and 19th, 3:30-5:00 PM

Dean: Wednesdays May 7th, 14th, and 21st, 3:30-5:00 PM

Returning Member Rehearsals @JVHS: Thursdays May 8th, 15th, and 22nd, 3:00-4:30 PM

Color Guard June Camp: June 2-5 (Mon -Thurs), 7:30 AM - 3:30 PM

Percussion Camp: June 2-5 (Mon - Thurs), 8:00 AM - 3:00 PM

Color Guard Summer Practices: Tuesdays June 10, June 17, June 24, 7:30 AM - 3:30 PM

Color Guard July Camp: Monday - Friday July 21 - 25, 7:30 AM - 3:30 PM

New Member Camp: July 23-25 (Wednesday-Friday), 8:00 AM - 12:00 PM

Summer Band (All Members):

Monday July 28th - Friday August 1st 7:30 AM - 3:30 PM

Monday August 4th - Tuesday August 5th 7:30 AM - 3:30 PM

Wednesday August 6th - Friday August 8th 7:30 AM - 11:00 AM

Monday August 11th - Tuesday August 12th 7:30 AM - 11:00 AM

Wednesday, August 13th - *First day of school*

Please visit www.jvhsband.org for the full rehearsal schedule. There is typically one "off-day" per week once school starts. Please use the "off-days" to schedule doctor appointments etc.

Football Games, Marching Contests, and Performances:

- Friday, August 22nd: Falcon Band Preview Performance (JVHS)
- Friday, August 29th: Football @ Hastings (Crump Stadium, Alief ISD)
- Friday, September 5th: Football @ Langham Creek (Pridgeon Stadium)
- Thursday, September 11th: Football vs. Cy Springs (Cy-Fair FCU Stadium)
- Thursday, September 25th: Homecoming Football Game vs. Northbrook (Pridgeon Stadium)
- Friday, October 3rd: Football @ Cy-Fair (Pridgeon Stadium - 8th Grade Night)
- **Saturday, October 4th: Battle at the Berry Marching Contest (Cy-Fair FCU Stadium)**
- Friday, October 10th: Football @ Stratford (Tully Stadium, Spring Branch ISD)
- **Saturday, October 11th: Katy Marching Festival (Legacy Stadium, Katy ISD)**
- Thursday, October 16th: Football vs. Cy-Falls (Cy-Fair FCU Stadium)
- **Saturday, October 18th: UIL Region Marching Contest (Cy-Fair FCU Stadium)**
- **Saturday, October 25th: UIL Area Marching Contest (Legacy Stadium, Katy ISD) and Football @ Cy Ridge (Pridgeon Stadium) *FB game if Area schedule allows**
- Saturday, November 1st: Football vs. Memorial (Pridgeon Stadium)
- **Mon-Tues November 3-4: UIL State Marching Contest (Alamodome, San Antonio)**
- Friday, November 7th: Football @ Cy Creek (Pridgeon Stadium - Senior Night)



2025-2026 JVHS BAND & COLOR GUARD

FEE INFORMATION AND PAYMENT SCHEDULE

Please keep this page for your records

Band and Color Guard fees help supplement many of the costs associated with marching band, winter guard, and concert band including show design, equipment, props, flags, consultants, performance day meals, color guard costumes, uniform supplies, end of year banquet, awards, and more. This fee structure reflects consumable goods and services that students will receive or use throughout the year. The Color Guard fee includes two different custom costumes that members will keep after each season as well as additional supplies and consultants needed for winter guard.

This payment schedule does not include costs for any overnight trips. Additional fees may be billed for replacement items, region auditions, solo & ensemble accompanists, additional solo & ensemble entries, and other optional activities.

NON-MARCHING Band Member: \$100

Includes music binder, banquet ticket, one solo & ensemble event entry, concert uniform dry cleaning, concert clinicians and expenses

RETURNING Marching Band Musician: \$400

Includes all non-marching items plus marching band socks, gloves, show shirt, marching uniform dry cleaning, marching band meals, marching band clinicians and expenses

NEW Marching Band Musician: \$475

Includes all non-marching and returning marching musician items plus marching band shoes, game day shirt & shorts, flip folder, gameday water jug

RETURNING Color Guard Member: \$1000

Includes marching band show shirt, winter guard show shirt, winter guard shoes, color guard gloves, fall costume, winter costume, marching band meals, winter guard meals, banquet ticket, marching band and winter guard clinicians and expenses

NEW Color Guard Member: \$1200

Includes returning color guard items plus duffel bag, fall color guard shoes, jacket, leggings, tank-top, and undergarment.

(Continue for payment schedule and policies)

JVHS Band & Color Guard Payment Schedule 2025-2026

Payment	Amount	Due Date
Marching Musician and Color Guard Payment #1	\$200.00	May 30, 2025
Marching Musician and Color Guard Payment #2	\$200.00	August 1, 2025
<u>New</u> Marching Musician Payment #3	\$75.00	September 5, 2025
Non-Marching Band Member	\$100.00	September 5, 2025
Color Guard Payment #3	\$200.00	September 5, 2025
Color Guard Payment #4	\$200.00	October 3, 2025
Color Guard Payment #5	\$200.00	November 7, 2025
<u>New</u> Color Guard Payment #6	\$200.00	December 5, 2025

Payment Options

- Cash/Checks are accepted for deposit into the safe located in the Band Hall or may be paid directly during parent meetings or band events. All money will be handled by booster club board members. As a rule, the band directors and staff do not handle money directly.
- Please make checks out to “**JVHS BOPO**”
- Cash payments are accepted but payee should retain their receipt.
- Credit/Debit Card payments are accepted through Square and CutTime with an added convenience fee.

Returned Check Policy

Returned checks will incur a fee. The amount needs to be settled with the booster club within 10 days of receiving notice. If the account is not settled, the booster club will impose a CASH OR CARD ONLY policy upon the individual.

By participating in band or color guard, members and guardians agree to make all payments by the scheduled due dates. Students with unpaid band fees will be placed on the campus Fees & Fines List and are subject to the loss of privileges that include finals exemptions, homecoming dance, prom, and graduation supplies. Students with unpaid band fees will also not be able to attend optional/social activities such as Spring Trip or Band Banquet. Please reach out to Mr. Rapacki at christopher.rapacki@cfisd.net should you require any additional time or assistance with your payments.



Scan to make payments online or visit www.jvhsband.org:

Jersey Village High School Band & Color Guard

Student and Parent Acknowledgement

- Students must be enrolled in a band or color guard class at JVHS in order to participate in band or color guard. Class placement, part assignments, and marching spot assignments are based on auditions, ensemble skills, attendance, available spots, and other factors determined by the band directors.
- Attendance is required at every rehearsal and performance. Excused absences are limited to student illness, death in the immediate family, or school-sponsored activities that have been communicated in advance. Unexcused absences may result in deduction of grade, loss of marching spot, change of part assignment, or change of band class.
- Band/Color Guard Fees must be paid on time in order to receive supplies. Unpaid fees will result in students placed on the campus fines & fees list. Please read the Fee Information and Payment Schedule for details on financial policies.
- Students will adhere to the CFISD Student Code of Conduct and are expected to follow all director, staff, and chaperone instructions. Vandalism, destruction of property, bullying (physical, verbal, social media, etc.), illegal drugs, alcohol, or other major infractions will result in a discipline referral and potential suspension or removal from the band/color guard program.
- Students will travel to events using district transportation as arranged by the band directors. They will remain seated on their assigned bus and will keep volume to a minimum. Students will follow all instructions from the bus driver and chaperone. Besides water, students may not eat or drink on the bus unless directed to do so by the band directors. Students must remain with the group and may not leave an event without written parent permission emailed to the band director prior to the event. In the event that a student has permission to leave with a parent, the student and parent must check out with a director.
- Students will wear the uniform as instructed. Cell phones are not to be used and must be out of sight when in uniform. Students may not eat or drink anything besides water when in uniform without director permission. Students must have all required uniform components including the correct shoes, shorts, shirt, socks, etc. for every performance. Students who are missing required uniform items will be issued and billed for replacements.
- All instruments and equipment, school-owned and personal, will be properly stored in the correct case and storage slot when not being used. No student should play or touch an instrument or piece of equipment that is not assigned to them. School-owned instruments that suffer damage due to student negligence will be repaired at the student's expense. Students are encouraged to provide their own padlock for their storage slot. Students should be in the habit of taking their instrument home regularly to practice.

We have read and understand the guidelines and procedures listed above:

Student Name (Print): _____

Student Signature: _____

Parent/Guardian Signature: _____

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 _____
ID# _____ Grade Entering ('25-'26) _____ School _____ Sport _____
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 unexplained 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? _____					
How severe was each one? (Explain below)					
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only I choose not to provide written information on Question 19 but will discuss with a medical professional:		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
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"/>	Males Only I choose not to provide written information on Question 20 but will discuss with a medical professional:		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	20. Are you missing a testicle? _____		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any testicular swelling or masses? _____		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL 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.		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
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 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*
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) 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.

'25 – '26 ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY

An ECG screen (sometimes also referred to as an EKG) can help identify young athletes who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An ECG screen may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

As per HB 76 of the 86th Texas Legislature a parent can elect to have their child receive an ECG. Cypress Fairbanks currently has an ECG program and will provide a free ECG the first year a student elects to receive one. Any sequential ECG's will be at the expense of the parents or guardian of the student and done outside of the school. We also ask that if you do an ECG out of the school district, that you share any abnormal results with the school district to ensure the safe participation in athletics of your child.

By signing below, I am either electing or declining an ECG screen provided by the Cypress-Fairbanks Independent School District for my child. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that sudden cardiac death may still occur, despite this screening. I further acknowledge that students with an abnormal ECG screen will be required to perform further testing (i.e., an echo or ultrasound) and/or a medical consultation prior to being released to resume participation for CFISD activities, at the parent's expense. By my signature below, I hereby release and forever discharge, and waive, any and all claims against the Cypress-Fairbanks Independent School District, its employees, trustees, consultants and contractors that relate to the student's election regarding and/or participation in the ECG screening project, and authorize medical personnel to review the ECG results, and interpret and use the same for diagnostic and aggregated statistical purposes in addition to other medical documentation on file in with the school district, and in accordance with the Family Educational Privacy Rights Act and the Health Insurance Portability and Accountability Act of 1996.

☐

I DO hereby consent to participation in the ECG screen on behalf or that of my minor child.

☐

I DECLINE participation in the ECG screen on behalf or that of my minor child.

Child's Name Printed _____

Date _____

X

Parent/Guardian Name Printed _____

Parent/Guardian Signature _____

PARENT E-MAIL ADDRESS _____

INFORMATION

STUDENT ID #: _____ NAME _____

AGE: _____ GENDER: MALE _____ FEMALE _____ BIRTHDATE: _____ / _____ / _____

GRADE: _____ HT: _____ WT: _____

CIRCLE HIGH SCHOOL ATTENDING 2025-2026:

Cy-Creek	Cy-Fair	Cy-Falls	Cy-Lakes	Cy-Park	Cy-Ranch
Cy-Ridge	Cy-Springs	Cy-Woods	Jersey Village	Langham Creek	Bridgeland

*This section to be completed by Athletic Trainer
DATE ECG COMPLETED*

_____/_____/_____



Cypress-Fairbanks Independent School District

Parent Permission for School-Sponsored Activity

☐ **with** District transportation ☐ **without** District transportation

Student Name

Campus

Grade

Parent/Guardian

() -
Primary Phone

() -
Secondary Phone

Secondary Emergency Contact

() -
Primary Phone

() -
Secondary Phone

ACTIVITY:

PARENT ACKNOWLEDGMENT: In order for your student to participate in this school-sponsored activity, written parent permission is required below. Student safety is a high priority; however, under state law the school district is not responsible for medical or other costs associated with a student injury, unless the injury results from a school employee's negligent operation of a District vehicle. By completing and returning this form, you are authorizing your student to participate in the school-sponsored activity described above and acknowledge that you are responsible for any medical or other costs associated with a student injury that may occur during the activity, except as stated above. Students are required to use District-provided transportation if it is provided as indicated above (unless the campus principal or designee has specifically authorized a student to arrive or depart separately and the parent/guardian has completed any additionally required written permissions). The District shall not be liable or responsible for any action, injuries or damages that occur to students riding in vehicles that are not provided by the District.

If the above student needs immediate care and treatment as a result of injury or illness, I authorize CFISD employees to deliver or consent to care.

PRESCRIPTION MEDICATION ADMINISTRATION: Prescription medications administered by the school nurse during a regular school day will be transported/administered by the field trip sponsor for an activity limited to regular school hours.

Parent/Legal Guardian Signature

/ /20
Date

Complete this section ONLY if your child requires the administration of a prescription medication during an activity **extending beyond the regular school day**, please list the medication(s) you authorize CFISD staff members to administer in the table below. The field trip sponsor will provide instructions for parents/guardians to drop-off required medication(s) before the event. In accordance with CFISD Board policy FFAC (LOCAL), medication must be supplied in the original container (labeled for the student), and students may not transport medications to or from school or a school-sponsored event.

Medication Name	Dose	Route	Time

Parent/Legal Guardian Signature

/ /20
Date

Revised 1/2020



Fine Arts Field Trip High School

Student Name _____

Campus _____

Grade _____

Please provide a copy of the student's current insurance card.

Name of Insurance Company _____

Identification Number _____

Group Number _____

In case of a student emergency, CFISD employees should be knowledgeable of your child's medical conditions to provide safe care. Please list any medical conditions or regular medications below.

☐ Asthma ☐ Diabetes ☐ Seizure Disorder ☐ List Severe Food Allergies _____

☐ Daily and Emergency Medications: _____

☐ Other Information: _____

District Provided Non-prescription Medication Permission

Authorization is hereby given for the administration of the following district provided non-prescription medications to my child by designated school employees. Circle Yes or No in last column.

Symptom	Medication	Brand Name	Circle Yes or No
Allergic Reaction	Diphenhydramine	Benadryl	Yes or No
Mild Pain/Fever	Ibuprofen	Addaprin, Motrin	Yes or No
Mild Pain/Fever	Acetaminophen	Tylenol	Yes or No
Mild Abdominal Pain Heartburn, Nausea	Calcium Carbonate Chews	Tums, Maalox	Yes or No

Parent/Legal Guardian Signature _____

_____/_____/20____

Medication Log (For CFISD Use Only)

Date: (Month/Day)	Time	Signs & Symptoms	Medication Dispensed	Initials
/				
/				
/				
/				
/				
/				

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

Updated 2018

No student may be required to attend a marching band related practice for more than eight hours outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band. **Exception:** For schools that begin instruction prior to the fourth Monday in August the limit of eight hours of rehearsal outside of the academic school day per calendar week shall begin on the Tuesday immediately following Labor Day. Schools under this exception shall be limited to eight hours of rehearsal outside of the academic day per school week (12:01 AM on the first day of school of the calendar week through the end of the school day on the last day of instruction of the school week) until the Tuesday immediately following Labor Day.

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. 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
- Passing 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: More information about Marching Band practice limitations can be found at:

www.uiltexas.org/music/marching-band

“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.

2025 CFISD Athletic Physical Dates

**PARENTS / GUARDIANS: ALL CFISD ATHLETIC PAPERWORK MUST BE COMPLETE PRIOR TO PHYSICAL
COST OF PHYSICAL: \$20.00 CASH ONLY OR MONEY ORDER ONLY**

CAMPUS	DATE	TIME	LOCATION	8TH GRADE FEEDERS
CY FAIR ARNOLD	Thursday, March 20, 2025	1:45pm - 5:45pm	CY FAIR MAIN GYM	CURRENT 8th-GRADE FEEDERS
				ARNOLD, HAMILTON
CY SPRINGS HOPPER	Friday, April 11, 2025	11:00am - 3:00pm	CY SPRINGS MAIN GYM	CURRENT 8th-GRADE FEEDERS
				ANTHONY, HOPPER, KAHLA
JERSEY VILLAGE COOK	Monday, April 28, 2025	2:00pm - 6:00pm	JERSEY VILLAGE LARGE COMMONS	CURRENT 8th-GRADE FEEDERS
				COOK, DEAN
CY PARK ROWE	Wednesday, April 30, 2025	1:00pm - 5:00pm	CY PARK MAIN GYM	CURRENT 8th-GRADE FEEDERS
				ROWE, THORNTON
CY RIDGE	Wednesday, April 30, 2025	1:30pm - 5:30pm	CY RIDGE MAIN GYM	CURRENT 8th-GRADE FEEDERS
				CAMPBELL, DEAN, TRUITT
CY LAKES THORNTON/WATKINS	Thursday, May 1, 2025	1:00pm - 5:00pm	CY LAKES MAIN GYM	CURRENT 8th-GRADE FEEDERS
				THORNTON, WATKINS
CY WOODS	Saturday, May 3, 2025	11:00am - 1:00pm	CY WOODS MAIN GYM	CURRENT 8th-GRADE FEEDERS
				GOODSON, SALYARDS, SPILLANE
CY CREEK BLEYL	Monday, May 12, 2025	2:00pm - 6:00pm	CY CREEK MAIN GYM	CURRENT 8th-GRADE FEEDERS
				BLEYL, CAMPBELL, HAMILTON
CY RANCH SMITH	Monday, May 19, 2025	1:00pm - 5:00pm	CY RANCH MAIN GYM	CURRENT 8th-GRADE FEEDERS
				ANTHONY, SMITH, SPILLANE
CY FALLS LABAY	Tuesday, May 20, 2025	11:30am - 4:30pm	CY FALLS MULTIPURPOSE GYM	CURRENT 8th-GRADE FEEDERS
				LABAY, TRUITT
BRIDGELAND SPRAGUE	Wednesday, May 21, 2025	1:00pm - 5:00pm	BRIDGELAND MAIN GYM	CURRENT 8th-GRADE FEEDERS
				SALYARDS, SPRAGUE
LANGHAM CREEK ARAGON	Wednesday, May 21, 2025	2:00pm - 6:00pm	LANGHAM CREEK MAIN GYM	CURRENT 8th-GRADE FEEDERS
				ARAGON, KAHLA

MIDDLE SCHOOL PHYSICALS- CURRENT 6th AND 7th GRADERS

CAMPUS	DATE	TIME	LOCATION	CURRENT 6th & 7th GRADERS
TRUITT DEAN CAMPBELL KAHLA ANTHONY	Saturday, May 3, 2025	(8:00am - 1:00pm)	CY RIDGE HS	
		8:00	MAIN GYM	CURRENT 6th & 7th GRADERS
		8:45	(Assisting Schools)	CURRENT 6th & 7th GRADERS
		9:30	Cy Creek	CURRENT 6th & 7th GRADERS
		10:30	Cy-Fair	CURRENT 6th & 7th GRADERS
		11:30	Cy Springs	CURRENT 6th & 7th GRADERS
SPILLANE SALYARDS HAMILTON GOODSON	Saturday, May 3, 2025	(8:00am - 1:00pm)	CY WOODS HS	
		8:00	MAIN GYM	CURRENT 6th & 7th GRADERS
		8:45	(Assisting Schools)	CURRENT 6th & 7th GRADERS
		9:30	Bridgeland	CURRENT 6th & 7th GRADERS
		10:15	Cy Falls	CURRENT 6th & 7th GRADERS
			Cy Lakes	
			Cy Park	
			Cy Ranch	

**PARENTS / GUARDIANS: ALL CFISD ATHLETIC PAPERWORK MUST BE COMPLETE PRIOR TO PHYSICAL
COST OF PHYSICAL: \$20.00 CASH OR MONEY ORDER ONLY**