

Manor High School Band Booster Club Interest Meeting

Rebuilding for Continued Successes



Meeting Agenda

- “VIRTUAL” EVERYTHING DAY INFORMATION
- PHYSICAL EXAMINATION FORM
- STUDENT CARE PLAN
- BAND FEES INFORMATION
- Importance of Band Boosters
- Band Booster Resources
- Band Booster Organizational Structure
- Booster Officer Responsibilities Overview
- Band Booster Committees
- Booster Club Training information
- Band Trailer Mock-Up
- Goals for 2020



VIRTUAL “EVERYTHING DAY” INFORMATION

Online completion of all required documentation for participation in band

Collection of SIZING INFORMATION for all band attire

Payment of 2020 BAND FEES using the MISD REVTRAK ONLINE PAYMENTS SYSTEM

Visit the band website to complete select forms and submit to www.manorbandandguard.com

Hard copies will be available for completion

APRIL 30TH
6:30- 7:30 PM

PHYSICAL EXAM INFORMATION

1. Required by the State of Texas
2. Must be completed before the 1st day of band camp
3. Needing Parent Volunteer to contact local clinic for Band Physical Exams
4. Forms can be downloaded from website

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY				2017	
This MEDICAL HISTORY FORM must be completed <i>annually</i> by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.					
Student's Name: (print) _____		Sex _____	Age _____	Date of Birth _____	
Address _____		Phone _____			
Grade _____		School _____			
Personal Physician _____		Phone _____			
<i>In case of emergency, contact:</i>					
Name _____		Relationship _____	Phone (H) _____	(W) _____	
Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.					
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	13.	Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been hospitalized overnight in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever had surgery?	<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
3.	Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No	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
	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	15.	Have you ever had a sprain, strain, or swelling after injury?	<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 broken or fractured any bones or dislocated any joints?	<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 any other problems with pain or swelling in muscles, tendons, bones, or joints?	<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		If yes, check appropriate box and explain below:	
	Have you ever been told you have a heart murmur?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip	
	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		<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh	
	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		<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee	
	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf	
	Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle	
				<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot	
4.	Have you ever had a head injury or concussion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	16.	Do you want to weight more or less than you do now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	17.	Do you feel stressed out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how many times? _____		18.	Have you ever been diagnosed with or treated for sickle cell trait or cell disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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			
5.	Are you missing any paired organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.	Are you under a doctor's care?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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			
8.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9.	Have you ever been dizzy during or after exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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			
11.	Have you ever become ill from exercising in the heat?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
12.	Have you had any problems with your eyes or vision?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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, 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: _____		X Parent/Guardian Signature: _____	X 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 _____					

HEALTH & WELL-BEING STUDENT CARE PLAN

Additional information for
parents/guardians for student
health and well-being.

STUDENT CARE PLAN (SCP)

Submit if applicable
during participation in
the Manor High School
Band Program.

HEALTH & WELL BEING STUDENT CARE PLAN

Student Section: _____
Student Last Name: _____
First Name: _____
Student ID: _____
Effective Date: _____

- If you are aware of a potential situation that may arise at any point during your student's participation in this program, please complete the Student Care Plan so that you can share an action plan in advance that includes symptoms and recommended care.
- Some examples for which a Student Care Plan may apply are: ADHD, anxiety, asthma, autism, depression, diabetes, food allergies, migraines, Tourette's. This includes any other allergy condition or health concern you would like to communicate.
- We encourage you to submit a Student Care Plan if the extended hours and overnight trips associated with this program may result in a need for care, even if that need is not one that requires care during a typical school day.
- The information you share in this Student Care Plan will be used by Manor HS Band Staff to provide the best care for your student as situations arise. All information will remain private.

COMPLETE FORM ON BACK OF
PAGE

MANOR HS BAND FEE INFORMATION

www.manorbandandguard.com

- * Fees can be paid with check or money order**
 - * An online payment system will be arranged via the band web-site**
 - * Please adhere to given payment dates**
- All amounts can be paid at one time**

Resources for Band Booster Club Parent Success

- Texas Band-Masters Association Summer Training Program
- www.uiltexas.org/files/booster-guide.pdf
- BandBoostersOnline.com
- [National Association of Music Parents \(AMP\)](http://NationalAssociationofMusicParents.org)
- <http://www.amparents.org/resources>

UIL and Band Booster Organizational Structure

- Band Booster President
- Vice President
- Secretary
- Treasurer
- Committee Chairs

Executive Board

Specific Committee Structure

- Nominating Committee
- Standing Committees
- Budget Committee
- Special Committees- (Fundraising, Travel, Hospitality, Guard, etc.)

Additional Committes

Band Director

- Communicate needs of band program with Booster E- Board
- Administrative communication of booster activities
- Adherence to UIL Guidelines



BOOSTER OFFICER RESPONSIBILITIES





A diagram with a central red circle containing the text "Vice President". Surrounding this central circle are four orange circles, each containing a duty. These four orange circles are connected by a light pink circular line. The background of the entire slide is a blurred image of a musical score with staves and notes, and a pencil resting on it.

Vice President

Principal assistant to the President

Perform administrative functions delegated by the president

Remain familiar with functions of the organization

Assigned specific duties



The infographic features a central red circle with the word 'Secretary' in white, underlined text. Six orange circles are arranged in a ring around the center, connected by a light pink circular line. Each orange circle contains a specific duty of a secretary. The background is a blurred image of a musical score with staves and notes, and a pen is visible on the right side.

Secretary

Maintain records
of minutes
Ensure accuracy
of meeting minutes

Report
recommendations
of Band Booster
Executive Board

Record all
business
transacted at each
meeting

Conduct and
report on all
correspondence
on behalf of the
organization

Knowledge of
parliamentary law
and procedures

Keep accurate
records of
proceedings





Band Booster Committees

Nominating Committee- Establishing New Leadership

- Recommend potential members
- Solicit recommendations for officer positions
- Contact potential candidates directly
- Report back on results for elections
- Elect new officers
- Newly appointed secretary submits info to campus principal or designee
- Records handed over to the incoming officers within ten (10) days following elections
- Records should be kept for a period of ten (10) years for audit purposes

BAND BOOSTER OFFICER NOMINATIONS

The nominations and elections for new Band Booster Officers are available. Please complete the following Google Doc. The students, your children, deserve the support of the MHS Band Booster Organization. Success depends on EVERY PARENTS SUPPORT.

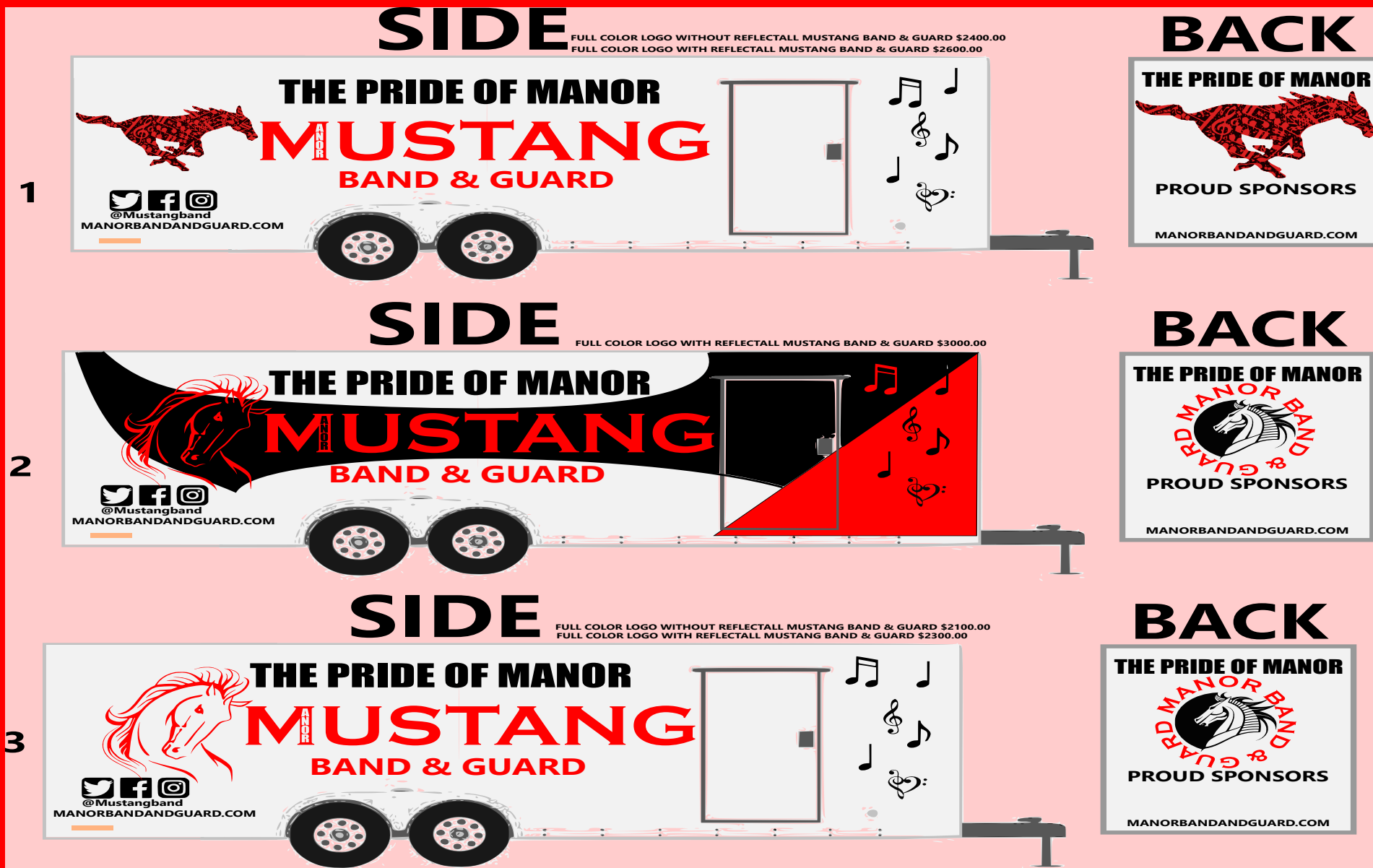
Complete the GOOGLE FORM below

https://docs.google.com/forms/d/e/1FAIpQLSfZ29t02OGi83F0SpIR3Zqc319nTHbKypRp-5HPUzvILGUQgQ/viewform?usp=pp_url

Booster Club Training

- Collaboration with successful and innovative local booster programs
- Attending Texas Bandmasters Associations “Band Booster Training Session” (San Antonio, Texas- July)
- Creating a definitive plan of action for increasing parent participation and fundraising success
- Setting an active calendar for the Parent Booster Program and Officers
- Creating an inviting climate for incoming 9th grade parents
- Ensuring that established committees are in place and consistently active

Band Trailer Mock-Up



Proposed Band Booster Goals for 2020

- Funding for Band Trailer Repairs and Graphics
- Fundraisers for prop expenses/clinicians/specialist for UIL Marching Show 2020
- Funding for possible accessories for UIL Marching Show 2020
- Funding for a private lesson program
- Colorguard parents involvement- additional committee as part of MHS Band Boosters
- Raising funds for transportation expenses for “Spring Band Trip 2021”
- Increased parent participation