



Cougar Band Information

Deadlines

May 27th – Band fees due in full

May 27th – Paperwork due

July 16th – Physicals due

Contacts:

- Brett Robinson, Director of Bands
(239) 377-1356 or robinb@collierschools.com

- BCHS Band Boosters,
PO Box 111328, Naples, FL 34108
bchband@gmail.com

Website-Calendar

www.bchsband.org

**2022-2023 BCHS Band Programs
Student Information and Fee Form
Please Complete One Form Per Student**

We will not share personal information. Band Boosters use email regularly to communicate announcements and important updates via weekly newsletters. Please print clearly.

There is a \$375 band fee for all new band members due prior to band camp. The fee covers (1) pair of shoes, (1) pair of spats/tights (auxiliary), (2) shirts, (2) mesh shorts. Tuba, Baritone, French Horn and Percussion Instruments are provided by the school, players will have an additional \$50 instrument rental maintenance fee.

There is a \$325 band fee for all returning band members due prior to band camp. The fee covers, (2) shirts, (2) mesh shorts. Tuba, Baritone, French Horn and Percussion Instruments are provided by the school, players will have an additional \$50 instrument rental maintenance fee.

Student Last Name: _____ Student First Name: _____

Student Nickname: _____ Grade (2022-2023) 9 10 11 12

Home Phone: _____ Student Cell: _____ Student Email _____

Student Primary Address: _____

Mom/Guardian Name: _____ Mom/Guardian Cell: _____

Dad/Guardian Name: _____ Dad/Guardian Cell: _____

Mom Email: _____ Dad Email: _____

Concert Band Instrument: _____ Marching Band Instrument: _____

Mandatory Freshman/New Band Member Fee \$375

Fee is non-refundable

Mandatory Returning Member Band Fee: \$325

Fee is non-refundable

Tuba, Baritone, French Horn & Percussion (School Provided) Instrumental Rental/Maintenance Fee (\$50) \$ _____

Additional Shirts @ \$12 each x _____ = \$ _____

Additional Shorts @ \$10 each x _____ \$ _____

TOTAL ENCLOSED: \$ _____

Shirt Size Small Medium Large XLarge XXLarge XXXLarge

Shorts Size Small Medium Large XLarge XXLarge XXXLarge

Checks should be made payable to BCHS Band Boosters. Please write student name in the memo line. Mail this form and payment to the address below or place in the lock box located in the band room.

Payments must be received by May 27, 2022

BCHS Band Boosters
PO Box 111328, Naples, FL 34108

Concussion Guidelines & Information

Concussion Information

What is a concussion?

Concussion is a brain injury. Concussions are most often caused by a sudden direct blow or bump to the head.

The brain is made of soft tissue, cushioned by spinal fluid, and encased by the skull. An impact to the head can jolt your brain causing a concussion. Traumatic brain injuries, such as a concussion, can cause bruising, damage to the blood vessels, and injury to the nerves. If you have suffered a concussion, possible indicators are (but not limited to): vision disturbance, loss of equilibrium, or you may fall unconscious. NOTE: more than 90% of all concussions occur without loss of consciousness.

Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death.

If your student reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child/ward should be immediately removed from strenuous activity, evaluated by a medical professional, and cleared by a medical doctor.

What are the signs and symptoms of concussion?

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the student has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo (spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

What can happen if a student continues to participate with a concussion or returns too soon?

Students with signs and symptoms of concussion must be removed from activity (play or practice) immediately. Continuing to participate with the signs and symptoms of a concussion leaves them vulnerable to sustaining another concussion. Students who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called “Second Impact Syndrome” where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

What should one do if it is suspected that a student has suffered a concussion?

Any student suspected of suffering a concussion must be removed from the activity immediately. No student may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), or a licensed physician's assistant under the direct supervision of a MD/DO (as per Chapters 458 and 459, Florida Statutes). Close observation of the student should continue for several hours. You should also seek medical care and inform your child/ward's responsible teacher if you think that your child/ward may have a concussion. Remember, it's better to miss one day than to have their life changed forever. When in doubt, sit them out.

When can the student return to play or practice?

Following physician evaluation, the return to activity process requires the student to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Heat-Related Illness Guidelines & Information

Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's way of cooling itself, but when a person's body temperature rises rapidly, sweating is not enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids (water). Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

Symptoms of heat-related illness may include:

- Fainting (Unconsciousness)
- Throbbing headache
- Dizziness and light-headedness
- Lack of sweating despite the heat
- Red, hot, and dry skin
- Muscle weakness or cramps
- Nausea and vomiting
- Rapid heartbeat, which may be either strong or weak
- Rapid, shallow breathing
- Behavioral changes such as confusion, disorientation, or staggering
- Seizures

**PARENTAL/GUARDIAN CONSENT TO PARTICIPATE
AND RELEASE FROM LIABILITY**

I hereby give my consent for my child, as a Collier County School District (“the District”) high school student, to participate in District music performance assessments, extracurricular, or co-curricular music activities (including marching band, color guard, drum line, and so on). I and my child have reviewed the Florida School Music Association (FSMA) Rules and Regulations pertaining to eligibility (available at www.flmusiced.org under FSMA Rules and Regulations). I and my child recognize that he/she must follow all District policies, rules, and procedures, including the Code of Student Conduct.

In providing consent, I am aware of the risks involved in such participation. We both understand that injury, including the potential for a concussion head-related illness, of any other injurious events, is possible in such participation, and choose to accept the risks involved. I voluntarily accept any and all responsibility for my child’s safety and welfare while participating in these activities, with full understanding of the risks involved. Accordingly, I hereby release and hold harmless the District School Board, its employees and agents, the adjudicators of the sanctioned event from any and all responsibility and liability for any injury or claim arising from such participation and agree to take no legal action against the District because of any accident or mishap involving my child’s participation.

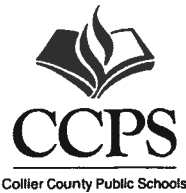
In this regard, I authorize the District to review all academic records relevant to my eligibility including, but not limited to, my records relating to enrollment and attendance, age, discipline, finances, residence, and physical fitness. I also authorize the use or disclosure of all health information relating to my child should treatment for illness or injury become necessary. This shall include emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the District with respect to participating in the activities noted above. Finally, if I have knowledge about the risk of continuing to participate if such an injury is sustained without proper medical clearance, I will inform the District accordingly, as well as, of any other underlying medical condition of which I am aware.

Name of Parent/Guardian (Printed)
Date: _____

Signature of Parent/Guardian

Name of Student (Printed)
Date: _____

Signature of Student



CCPS High School Marching Band Consent and Liability Release Form

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In providing consent, I am aware of the risks involved in such participation. We both understand that injury, including the potential for a concussion head-related illness, of any other injurious events, is possible in such participation, and choose to accept the risks involved. I voluntarily accept any and all responsibility for my child’s safety and welfare while participating in these activities, with full understanding of the risks involved. Accordingly, I hereby release and hold harmless the District School Board, its employees and agents, the adjudicators of the sanctioned event from any and all responsibility and liability for any injury or claim arising from such participation and agree to take no legal action against the District because of any accident or mishap involving my child’s participation.

In this regard, I authorize the District to review all academic records relevant to my eligibility including, but not limited to, my records relating to enrollment and attendance, age, discipline, finances, residence, and physical fitness. I also authorize the use or disclosure of all health information relating to my child should treatment for illness or injury become necessary. This shall include emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the District with respect to participating in the activities noted above. Finally, if I have knowledge about the risk of continuing to participate if such an injury is sustained without proper medical clearance, I will inform the District accordingly, as well as, of any other underlying medical condition of which I am aware.

Name of Parent/Guardian (Printed)

Name of Student (Printed)

Signature of Parent/Guardian

Signature of Student

Date Signed

Date Signed



Exhibit A

Student Travel Authorization

COLLIER COUNTY PUBLIC SCHOOLS

I, the undersigned parent or legal guardian of _____
Name of Student

grant permission for my child or ward to travel to _____
Destination

sponsored by _____ of _____ School.
Name of School Group

I understand the students are scheduled to depart from the school at _____ a.m. / p.m.

on _____, _____, 20_____.
Day of Week Month

I understand, acknowledge and agree that:

The School Board of Collier County, Florida, will provide for reasonable supervision of students within its care and control. The supervision will be consistent with the ages of the students. However, the School Board is not an insurer of the safety of the students nor can it supervise all movements of all students at all times.

In addition, there are certain risks inherent in travel and at the destination. I further understand that an employee or volunteer has no personal liability unless he or she has acted recklessly, wantonly, or intentionally to injure my child.

If this box is checked this student travel involves a water related activity.

Date

Signature of Parent or Legal Guardian

Please print name on this line

Emergency Contact Number



**COLLIER COUNTY PUBLIC SCHOOLS
PHOTO-VIDEO-MEDIA RELEASE**

Date: _____

Student: _____
(Please print name)

Parent/Guardian: _____
(Please print name)

I hereby consent to having my child interviewed, photographed, recorded on audio tape or videotaped by the school district, school, or commercial print or television media for the reporting of programs taking place at _____ School with full knowledge that the end product may appear in print publications, on television, in a video, or on the Internet. The end product may also be used for instructional purposes and/or for public information. I understand that my child, the student named above, may be depicted and or/identified by one or more of the media.

I release The School Board of Collier County, Florida, The School District of Collier County, Florida, _____ School and their agents, servants, or employees from any responsibility or liability arising from the use of interviews, photographs, videotapes, sound recordings or other images either of my child or created by my child or others.

Signature of Student (Only if student is 18 years of age or older)

Signature of Parent/Guardian

Relationship

COLLIER COUNTY CHARACTER EDUCATION TRAITS
Citizenship Cooperation Honesty Kindness Patriotism Perseverance Respect Responsibility Self-Control Tolerance
THE COLLIER COUNTY PUBLIC SCHOOL SYSTEM IS AN EQUAL ACCESS / EQUAL OPPORTUNITY INSTITUTION FOR EDUCATION AND EMPLOYMENT.



CCPS High School Marching Band Participant Physical Evaluation Form

Part 1. Student Information

Student's Name: _____ Sex: ____ Age: ____ Date of Birth: ____/____/____
 School: _____ Grade in School: ____
 Home Address: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ Parent/Guardian E-mail: _____
 Person to Contact in Case of Emergency: _____ Relationship: _____
 Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Personal/Family Physician: _____ City/State: _____ Phone: (____) _____

Part 2. Medical History *(to be completed by parent/guardian or student. "YES" answers should be explained below.)*

	Yes	No
1. Have you been diagnosed with a new medical condition since your last check up or physical?	___	___
2. Do you have an ongoing chronic illness or medical condition?	___	___
3. Have you ever had surgery?	___	___
4. Are you currently taking any prescription or non-prescription (over-the-counter) medications or using an inhaler?	___	___
5. Do you have any allergies (for example, pollen, latex, medicine, food, or stinging insects)?	___	___
6. Do you have seasonal allergies that require medical treatment or restrictions?	___	___
7. Have you ever had a rash or hives develop during or after exercise?	___	___
8. Have you ever passed out during or after exercise?	___	___
9. Have you ever become dizzy during or after exercise?	___	___
10. Have you ever had racing of your heart or skipped heartbeats?	___	___
11. Have you ever been told you have a heart murmur?	___	___
12. Has a physician ever denied or restricted your activity levels for any reason?	___	___
13. Have you ever had a head injury or concussion?	___	___
14. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___
15. Have you ever become ill from exercising in the heat?	___	___
16. Do you use any special protective or corrective equipment or medical devices (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth, or hearing aid)?	___	___
17. Have you had any problems with your eyes or vision?	___	___
18. Do you wear glasses, contacts, or protective eyewear?	___	___
19. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
If yes, check appropriate blank and explain below:		
___ Head ___ Elbow ___ Hip ___ Neck ___ Forearm ___ Thigh ___ Back		
___ Wrist ___ Knee ___ Chest ___ Hand ___ Shin/Calf ___ Shoulder ___ Finger		
___ Ankle ___ Foot ___ Upper Arm		

Explain "Yes" answers here: _____

If this student is required to take medication during afterschool activities, please complete attached Collier County Public Schools Medication Authorization Form and return to Activities Director.

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Parent/Guardian: _____

Date: ____/____/____

Part 3. Physical Examination (to be completed by licensed physician, physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ___/___/___ Height: _____ Weight: _____
% Body Fat (optional): _____ Pulse: _____ Blood Pressure: ___/___ (___/___, ___/___) Temperature: _____
Hearing: right: P ___ F ___ left: P ___ F ___
Visual Acuity: Right 20/___ Left 20/___ Corrected: Yes / No Pupils: Equal ___ Unequal ___

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*	FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL				MUSCULOSKELETAL			
1. Appearance	_____	_____	_____	9. Neck	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____	10. Back	_____	_____	_____
3. Lymph Nodes	_____	_____	_____	11. Shoulder/Arm	_____	_____	_____
4. Heart	_____	_____	_____	12. Elbow/Forearm	_____	_____	_____
5. Pulses	_____	_____	_____	13. Wrist/Hand	_____	_____	_____
6. Lungs	_____	_____	_____	14. Hip/Thigh	_____	_____	_____
7. Abdomen	_____	_____	_____	15. Knee	_____	_____	_____
8. Skin	_____	_____	_____	16. Leg/Ankle	_____	_____	_____
				17. Foot	_____	_____	_____

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation
___ Disability: _____ Diagnosis: _____
___ Precautions: _____
___ Not cleared for: _____ Reason: _____
___ Cleared after completing evaluation/rehabilitation for: _____
___ Referred to: _____ For: _____
Recommendations: _____
Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ___/___/___
Address: _____
Signature of Physician/Physician Assistant/Nurse Practitioner: _____

ASSESSMENT OF EXAMINING PHYSICIAN TO WHOME REFERRED (if applicable)

I hereby certify that each examination for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation
___ Disability: _____ Diagnosis: _____
___ Precautions: _____
___ Not cleared for: _____ Reason: _____
___ Cleared after completing evaluation/rehabilitation for: _____
___ Referred to: _____ For: _____
Recommendations: _____
Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ___/___/___
Address: _____
Signature of Physician/Physician Assistant/Nurse Practitioner: _____

Place Healthcare Provider Stamp Here: