



Bridgeport High School Band

515 Johnson Ave.

P. O. Box 609

Bridgeport, WV 26330

Bridgeport, WV 26330

(304) 842-5247

<http://www.bridgeportmusic.org>



Hey Band!

We are eager to have you join us for the 2021-2022 season with the Bridgeport High School Band! Being a member of the BHS Band is a fun and exciting experience. Our goal is to continue to be recognized on the local, state, and national levels as an outstanding musical organization. You must be willing to perform to the best of your abilities and to cooperate with the directors in order to uphold the reputation that has been set forth. With your talent and assistance, we are confident that we can continue this great tradition and produce a top-notch performing group.

Please take a few moments to review the information about the upcoming year and mark all important dates on your calendar. All of the required forms will be available online at www.bridgeportmusic.org as well as in Schoology. These include the travel consent form, completed physical form, medical form, calendar, etc. If you signed up for band and have since changed your mind, please let us know as soon as possible. Let us know if you have any scheduling issues and we can assist you.

We wish you a very relaxing summer and look forward to seeing you soon!

Best wishes,

Chris Hayslette

Chris Hayslette
Director of Bands
Bridgeport High School
chayslet@k12.wv.us

Chris Broadwater

Chris Broadwater
Assistant Director of Bands
Bridgeport High School
cbroadwater@k12.wv.us

Summer Band Schedule

Your attendance is crucial to the success of the band!

August 5-6:

Percussion 9:00 am-12:00 pm

August 6:

Freshmen and New Student Orientation 9:00 am- 12:00 pm

August 9 – August 13:

Band Camp at the school, 8:00 am - 3:00 pm daily.

August 16-August 20:

Band Camp at the school, 8:00 am - 3:00 pm daily.

August 20:

Public Performance, 7:00 p.m. @ Wayne Jamison Field (Rain Location: BHS Gymnasium)

***Note: Attendance at both weeks of Band Camp is required!
You can't learn the show or music if you are not here!***

Other Important Events

Uniform fittings- TBA

Monday, August 9:

Band Patrons Meeting 7:00 p.m. (Band Room)

Friday, August 13:

Band Pictures Taken for Football Program

Friday, August 20:

Parent/Community Performance 7:00 pm

Wednesday, August 25

Practice for BUHS Game 3:00 pm- 5:00 pm

Friday, August 27:

First Football Game

Saturday, September 4:

Italian Heritage Festival Parade

(Over)

BAND CAMP NOTES

Band Camp will be held at Bridgeport High School. The camp will run **Monday through Friday**, August 3 to August 14, from 8:00 am – 3:00 pm. The camp and uniform fee is **\$150.00** per student. A portion of this money will be used to help fund Band Camp. This money pays for additional instructors, medical supplies, snacks, water, etc. The other portion covers the cost of cleaning and maintaining the uniforms and also allows us to provide each student with several additional items such as T-shirts, raincoats, hats, etc.

Checks should be made payable to: BRIDGEPORT BAND PATRONS.

All forms (medical, permission, etc.) and money should be turned in on or before the first day of camp. Students MAY NOT attend any camps until a completed medical form is on file!

**NOTE: All students must a completed physical form on file before participating in any rehearsals.*

Students are not permitted to travel with the band until all forms have been properly completed and all fees are paid.

Attendance at camp is required.

Students will need to bring:

- Instrument (with all accessories, i.e. reeds, valve oil, etc.)
- Music
- Flip Folder and Instrument Lyre (available at local music stores)
- Pencil (several)
- Band Camp Fee (\$150.00)
- All Forms (medical, permission, etc.)
- Cool, comfortable clothes
- Comfortable Tennis Shoes (**no sandals, flip flops, crocs, etc.**)
- Socks
- Hat
- Sunglasses
- Sunscreen
- Water Bottle

NOTE: NO STUDENT WILL BE ALLOWED TO LEAVE CAMP FOR LUNCH OR FOR ANY BREAK

Parents: Please do not ask, unless it is an emergency!!!

THIS RULE IS NECESSARY TO PROVIDE A SAFE AND EDUCATIONAL EXPERIENCE FOR YOUR CHILD

UNIFORMS

Band uniforms are kept at the school at all times. Band members dress at the school before and after each performance. Each band member is issued a uniform including: coat, a pair of black pants, hat, and gloves. If gloves are lost or need to be replaced for any reason, the cost is \$3.00 per pair. In the interest of uniformity, all band members are required to wear their hair up and under their hat. No visible jewelry of any kind (**including earrings**) is to be worn when in uniform. Each band member is responsible for his or her own socks. Each new student is given a band shirt. This shirt is worn underneath the uniform and on most band outings. If this shirt is lost or needs to be replaced, the cost is \$15.00. The black band shoes may be ordered over the summer and cost approximately \$40.00 per pair. There is a shoe order form available on the band website. **Shoe forms and money should be sent directly to Bandland.**

All band members must be dressed in a complete and tidy uniform in order to perform.

A schedule of events is available on the band website at www.bridgeportmusic.org Performances are required and attendance will be taken. Students are graded on participation during events. If you have a job, you will need to arrange your schedule so you will be at the performance at the designated time. Employers understand you are a student with school related commitments. **Please do this well in advance!!**

PRACTICES

Practices will be scheduled on Tuesdays and Wednesdays throughout marching season. Please refer to the calendar at www.bridgeportmusic.org for specific dates. All practices will be held after school from 3:00 pm- 5:00 pm.

Sectionals (Woodwinds/Brass/Percussion/Frontline) may be scheduled periodically as needed.

2022-2023 BAND CAMP DATES

Band camp dates are determined by the Harrison County School Calendar.

The *tentative dates* for next year are August 8 through August 19 with a performance on the evening of August 19.

Please consider this when scheduling vacations. Thank you!

BAND PATRONS MEETINGS

Band Patrons meetings will be held the second Monday of the month at 6:00 p.m. in the Band Room.

Please help support your child by becoming actively involved.

Bridgeport High School Band

515 Johnson Ave. Bridgeport, WV 26330

(304) 842-5247

<http://www.bridgeportmusic.org>**July 2021**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

July

Uniform Fittings TBA

August

- 5-6 Percussion Rehearsal 9:00 am-12:00 pm
- 6 Freshman and New Student Orientation 9:00 am-12:00 pm
- 9-13 Band Camp 8:00 am-3:00 pm
- 9 Band Patrons Meeting 6:00 pm
- 13 Band Pictures 8:30 am
- 16-20 Band Camp 8:00 am-3:00 pm
- 20 Parent/Community Performance 6:30 pm
- 25 Practice for BUHS Game 3:00 pm
- 27 BHS vs Buckhannon-Upshur Football Game 5:00 pm AWAY
- 31 After School Practices Begin- Tuesday/Wednesday 3:00 pm-5:00 pm

September

- 3 BHS vs Morgantown Football Game 5:30 pm HOME
- 4 Italian Festival Parade 8:30 am
- 10 BHS vs Liberty Football Game 5:00 pm AWAY
- 13 Band Patrons Meeting 6:00 pm
- 17 BHS vs Fairmont Senior 5:30 pm HOME
- 24 BHS vs RCB 5:00 pm AWAY
All-State Band Registration Due
- 26 Liberty Band Spectacular TBA

October

- 1 BHS vs Parkersburg South Football Game 5:30 pm HOME
(8th Grade Band Night)
- 4 Phillip Barbour Drumline Expo
- 6 BHS Homecoming Parade 5:30 pm
- 8 BHS vs Preston Football Game HOME 5:30 pm (HOMECOMING)
- 9 Forest Festival Parade/Field Show 9:30 am
- 11 Band Patrons Meeting 6:00 pm
- 18 Chair Auditions Begin
- 23 Philip Barbour H.S. Band Competition Times TBA
- 29 BHS vs Musselman Football Game HOME 5:30 pm (SENIOR NIGHT)

November

- 6 RCB Drumline Expo (Tentative)
- 8 Band Patrons Meeting 6:00 pm
- 11 Veteran's Day Parade 10:30 am
- 12/13 Playoff Game TBA
- 19/20 Playoff Game TBA
- 26/27 Playoff Game TBA

December

- 2 Bridgeport Light Up Night (Jazz Band)
- 3 Clarksburg Christmas Parade
- 4 Bridgeport Christmas Parade 9:30 am
All-State Band Auditions (WVU)
- 13 Band Patrons Meeting 6:00 pm
- 14 Jazz Band @ Bridgeport Library
- 16 Holiday Concert 6:00 pm

**ALL TIMES LISTED ARE REPORT TIMES, NOT EVENT TIMES.
DATES AND TIMES ARE SUBJECT TO CHANGE**

**HARRISON COUNTY BOARD OF EDUCATION
PARENTS' CONSENT AND AUTHORIZATION FOR TRAVEL**

I, _____, the parent/legal guardian of _____, do hereby provide my consent and authorization for my child to travel with the following travel group sponsored by the Harrison County Board of Education:
School: Bridgeport High School Band **Date:** 2021-2022 School Year **Teacher/Chaperon:** Hayslette/Broadwater

Destinations:

ANY ADDITIONAL EVENTS WILL BE LISTED ON A SEPARATE FORM

Date	Activity	City	Location
08/27/2021	Buckhannon Upshur Football Game	Buckhannon, WV	BUHS
09/04/2021	Italian Festival Parade	Clarksburg, WV	Downtown
09/10/2021	Liberty Football Game	Clarksburg, WV	LHS
09/24/2021	RCB Football Game	Clarksburg, WV	RCB Stadium
09/25/2021	Liberty Band Spectacular	Clarksburg, WV	Liberty HS
10/04/2021	Philip-Barbour Drumline Showcase	Philippi, WV	Philip-Barbour HS
10/06/2021	BHS Homecoming Parade	Bridgeport, WV	Downtown
10/09/2021	Forest Festival	Elkins, WV	Downtown Elkins
10/23/2021	Philip-Barbour Band Competition	Philippi, WV	Philip-Barbour HS
11/06/2021	RCB Drumline Expo (Drumline)	Clarksburg, WV	RCB Stadium
11/11/2021	Veteran's Day Parade	Clarksburg, WV	Downtown
11-12/2021	All Play-off Games	TBA	TBA
12/02/2021	Bridgeport Light Up Night (Jazz Band)	Bridgeport, WV	Benedum Civic Center
12/04/2021	AAA Football Championship	Wheeling, WV	Wheeling Island Stadium
12/04/2021	Bridgeport Christmas Parade	Bridgeport, WV	Downtown
12/04/2021	All-State Band Auditions	Morgantown, WV	WVU C.A.C.
12/14/2021	Bridgeport Library (Jazz Band)	Bridgeport, WV	Bridgeport Public Library
02//2022	Solo and Ensemble Festival	Buckhannon, WV	B-U HS
02/12/2022	Jazzed For Valentine's Day (Jazz Band)	Bridgeport, WV	Bridgeport Conf Center
02/10-02/12/2022	WVU Honor Band	Morgantown, WV	WVU: CAC
02/17-02/19/2022	MU Jazz Festival (Jazz Band)	Huntington, WV	MU Smith Music Hall
02/26/2022	Northern Region Jazz Fest (Jazz Band)	Morgantown, WV	University High School
03/03-03/05/2022	WVMEA All-State Band/Orch.	Charleston, WV	Civic Center
03/10/2022	All-County Band Rehearsal	TBA	TBA
03/11/2022	All-County Band Concert	Clarksburg, WV	RCB/Robinson Grand
03/22/2022	Lincoln Jazz Festival (Jazz Band)	Shinnston, WV	Lincoln H.S. Auditorium

_____ **Date** **Signature** _____ **Parent/Legal Guardian**

STATEMENT OF STUDENT

In requesting permission to travel as a member of the Harrison County Board of Education travel group for the above referenced outings, I do hereby declare that I will not consume any alcoholic beverages, engage in the use of any drugs of any type, nor will I be involved in any illegal or immoral act or event during my participation on these trips. I further declare that I will refrain from creating or engaging in any disruptive behavior or situation and that I will obey the directives of my teachers, chaperones, or other individuals in a position of authority.

_____ **Date** **Signature** _____ **Student**

PARENTS' STATEMENT OF RESPONSIBILITY

By granting permission for my child to attend the travel outings referenced above I do hereby agree that the teachers/chaperons in charge of these outings shall have the full right to regulate the behavior of my child and to terminate his/her participation in any above referenced trip by causing him or her to return home prematurely, at my expense, should my child fail to abide by the reasonable direction of the teachers/chaperones or fails to abide by the requirements referenced above.

_____ **Date** **Signature** _____ **Parent/Legal Guardian**

Emergency Contact and Medical Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Date of Birth	Sex M F
<input type="text"/>	<input type="text"/>		
Parent's/Guardian's Name	Parent's/Guardian's Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Home Phone	Work Phone
<input type="text"/>	<input type="text"/>		
Cell Phone	Cell Phone		
<input type="text"/>	<input type="text"/>		
Address	Address		
<input type="text"/>	<input type="text"/>		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

<input type="text"/>	<input type="text"/>
Primary Emergency Contact	Secondary Emergency Contact
<input type="text"/>	<input type="text"/>
Home Phone	Work Phone
<input type="text"/>	<input type="text"/>
Address	Address
<input type="text"/>	<input type="text"/>
City, ST ZIP Code	City, ST ZIP Code

Medical Information

<input type="text"/>	
Hospital/Clinic Preference	
<input type="text"/>	<input type="text"/>
Physician's Name	Phone Number
<input type="text"/>	<input type="text"/>
Insurance Company	Policy Number

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

**Please complete this form with information you are comfortable sharing.
Health conditions currently affecting your child are of the greatest significance.**

Tetanus Shot? Yes No Date Administered _____

Allergies? Yes No To medications or seasonal/environmental? Please list _____
Has the allergy required emergency care in the past? Yes No
Comments _____

Bee Sting Allergy? Yes No Describe reaction _____
Difficult breathing? Yes No Emergency medication? Yes No

Food Allergy? Yes No Food _____ Describe reaction _____
Difficult breathing? Yes No Need emergency medication Yes No
Comments _____

Asthma? Yes No Triggered by: _____ Treatment _____
Diagnosed by doctor: _____ Date _____

Diabetes? Yes No Date diagnosed _____ Type I ___ Type II ___
Takes insulin? Yes No Insulin Pump Yes No
Insulin Injection Yes No Insulin Pen Yes No

Epilepsy/Seizures ? Yes No Describe seizure _____
Date of last seizure _____ Medication _____
Is student currently under a doctor's care for seizures? Yes No

Heart Condition ? Yes No Describe _____
Activity restrictions? _____ Medications? Yes No

Skeletal Problem ? Yes No Describe _____
Activity restrictions? _____

Please circle the following regarding health concerns that pertain to student:

Eyes: glasses: reading distance contacts Ears: frequent infections tubes hearing difficulty
lazy eye crossed difficulty seeing Hearing aid: right left

Other: ADD/ADHD anxiety bi-polar depression OCD ODD
bladder bedwetting catheterization requires diapering bowel special diet
blood-disorder blood pressure breathing dental eating headaches
menstruation neurological nosebleeds phobias skin sleeping

Daily medication:

At home? Yes No At school? Yes No Emergency only? Yes No

Name of medication _____ Reason for taking _____

List serious illness, injury, or syndrome _____

Surgeries (operations) _____

Condition that prevents or limits Physical Education (P.E.) participation _____

Requires special health care? Explain _____

Other health information or concerns: _____

WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION

2021

2875 Staunton Turnpike - Parkersburg, WV 26104

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM

(Form required each school year on or after May 1st. File in School Administration Office)

ATHLETIC PARTICIPATION / PARENTAL CONSENT

PART I

Name _____ School Year: _____ Grade Entering: _____

Home Address: _____ Home Address of Parents: _____

City: _____ City: _____

Phone: _____ Date of Birth: _____ Place of Birth: _____

Last semester I attended _____ (High School) or (Middle School). We have read the condensed eligibility rules of the WVSSAC athletics. If accepted as a team member, we agree to make every effort to keep up school work and abide by the rules and regulations of the school authorities and the WVSSAC.

INDIVIDUAL ELIGIBILITY RULES

Attention Athlete! To be eligible to represent your school in any interscholastic contest, you:

- _____ must be a regular bona fide student in good standing of the school. (See exception under Rule 127-2-3)
_____ must qualify under the Residence and Transfer Rule (127-2-7)
_____ must have earned at least 2 units of credit the previous semester. Summer School may be included. (127-2-6)
_____ must have attained an overall "C" (2.00) average the previous semester. Summer School may be included. (127-2-6)
_____ must not have reached your 15th (MS), 19th (HS) birthday before August 1 of the current school year. (127-2-4)
_____ must be residing with parent(s) as specified by Rule 127-2-7 and 8.
_____ unless parents have made a bona fide change of residence during school term.
_____ unless an AFS or other Foreign-Exchange student (one year of eligibility only).
_____ unless the residence requirement was met by the 365 calendar days attendance prior to participation.
_____ if living with legal guardian/custodian, may not participate at the varsity level. (127-2-8)
_____ must be an amateur as defined by Rule 127-2-11.
_____ must have submitted to your principal before becoming a member of any school athletic team Participation/Parent Consent/Physician Form, completely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic competition and that your parents consent to your participation. (127-3-3)
_____ must not have transferred from one school to another for athletic purposes. (127-2-7)
_____ must not have received, in recognition of your ability as a HS or MS athlete, any award not presented or approved by your school or the WVSSAC. (127-3-5)
_____ must not, while a member of a school team in any sport, become a member of any other organized team or as an individual participant in an unsanctioned meet or tournament in the same sport during the school sport season (See exception 127-2-10).
_____ must follow All Star Participation Rule. (127-3-4)
_____ must not have been enrolled in more than (8) semesters in grades 9 to 12. Must not have participated in more than three (3) seasons while in grades 6-7-8. (Rule 127-2-5).
_____ qualify under homeschool rule. (Rule 127-2-3.11, 127-2-7.2k, 126-26-3.1.1k)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards but also all other standards set by your school and the WVSSAC. If you have any questions regarding your eligibility or are in doubt about the effect any activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation and intent of each rule. Meeting the intent and spirit of WVSSAC standards will prevent athletes, teams, and schools from being penalized.

PART II - PARENTAL CONSENT

In accordance with the rules of the WVSSAC, I give my consent and approval to the participation of the student named above for the sport NOT MARKED OUT BELOW:

- BASEBALL CROSS GOLF SWIMMING VOLLEYBALL
BASKETBALL COUNTRY SOCCER TENNIS WRESTLING
CHEERLEADING FOOTBALL SOFTBALL TRACK BAND

MEDICAL DISQUALIFICATION OF THE STUDENT-ATHLETE / WITHHOLDING A STUDENT-ATHLETE FROM ACTIVITY

The member school's team physician has the final responsibility to determine when a student-athlete is removed or withheld from participation due to an injury, an illness or pregnancy. In addition, clearance for that individual to return to activity is solely the responsibility of the member school's team physician or that physician's designated representative.

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school (); has football insurance coverage available through the school (); is insured to our satisfaction ().

I also give my consent and approval for the above named student to receive a physical examination, as required in Part IV, Physician's Certificate, of this form, by an approved health care provider as recommended by the named student's school administration.

I consent to WVSSAC's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

I have read/reviewed the concussion and Sudden Cardiac Arrest information as available through the school and at WVSSAC.org. (Click Sports Medicine)

Date: _____ Student Signature _____ Parent Signature _____

PART III – STUDENT’S MEDICAL HISTORY
(To be completed by parent or guardian prior to examination)

Name _____ Birthdate ____/____/____ Grade _____ Age _____

Has the student ever had:

- Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures, etc.)
 Yes No 2. Any hospitalizations?
 Yes No 3. Any surgery (except tonsils)?
 Yes No 4. Any injuries that prohibited your participation in sports?
 Yes No 5. Dizziness or frequent headaches?
 Yes No 6. Knee, ankle or neck injuries?
 Yes No 7. Broken bone or dislocation?
 Yes No 8. Heat exhaustion/sun stroke?
 Yes No 9. Fainting or passing out?
 Yes No 10. Have any allergies?
 Yes No 11. Concussion? If Yes _____
Date(s)

- Yes No 12. Have any problems with heart/blood pressure?
 Yes No 13. Has anyone in your family ever fainted during exercise?
 Yes No 14. Take any medicine? List _____
 Yes No 15. Wear glasses ____, contact lenses____, dental appliances____?
 Yes No 16. Have any organs missing (eye, kidney, testicle, etc.)?
 Yes No 17. Has it been longer than 10 years since your last tetanus shot?
 Yes No 18. Have you ever been told not to participate in any sport?
 Yes No 19. Do you know of any reason this student should not participate in sports?
 Yes No 20. Have a sudden death history in your family?
 Yes No 21. Have a family history of heart attack before age 50?
 Yes No 22. Develop coughing, wheezing, or unusual shortness of breath when you exercise?
 Yes No 23. (Females Only) Do you have any problems with your menstrual periods.

PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER ADDITIONAL CONCERNS.

I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE ____/____/____

PART IV – VITAL SIGNS

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Visual acuity: Uncorrected ____/____; Corrected ____/____; Pupils equal diameter: Y N

PART V – SCREENING PHYSICAL EXAM

This exam is not meant to replace a full physical examination done by your private physician.

Mouth:		Respiratory:		Abdomen:	
Appliances	Y N	Symmetrical breath sounds	Y N	Masses	Y N
Missing/loose teeth	Y N	Wheezes	Y N	Organomegaly	Y N
Caries needing treatment	Y N	Cardiovascular:		Genitourinary (males only):	
Enlarged lymph nodes	Y N	Murmur	Y N	Inguinal hernia	Y N
Skin - infectious lesions	Y N	Irregularities	Y N	Bilaterally descended testicles	Y N
Peripheral pulses equal	Y N	Murmur with Valsalva	Y N		

Any "YES" under Cardiovascular requires a referral to family doctor or other appropriate healthcare provider.

Musculoskeletal: (note any abnormalities)

Neck:	Y N	Elbow:	Y N	Knee/Hip:	Y N	Hamstrings:	Y N
Shoulder:	Y N	Wrist:	Y N	Ankle:	Y N	Scoliosis:	Y N

RECOMMENDATIONS BASED ON ABOVE EVALUATION:

After my evaluation, I give my:

- _____ Full Approval;
 _____ Full approval; but needs further evaluation by Family Dentist ____; Eye Doctor ____; Family Physician ____; Other ____;
 _____ Limited approval with the following restrictions: _____;
 _____ Denial of approval for the following reasons: _____

_____ / _____ / _____

MD/DO/DC/Advanced Registered Nurse Practitioner/Physician's Assistant

Date

Gloves / Shoes / Boots Special Order Form

version: 210503

Parents Name _____ Acct# _____ Phone _____

Student Name _____ School _____

QTY.	Front Line and non-stock Band Gloves (circle selections):	No Tax	Includes Tax
_____	Grip Factor 1.Choose color NUDE BLACK 2.Choose size XS S M L XL	\$19.25	\$21.00
_____	Talon 1.Choose color NUDE BLACK 2.Choose size XS S M L XL XXL	\$19.25	\$21.00
_____	Drum Major Pro 1.Choose color WHITE BLACK 2.Choose size XS S M L XL XXL	\$25.75	\$27.50
_____	Long-Wristed Cotton 1.Choose color WHITE BLACK 2.Choose size S M L XL	\$3.25	\$3.50
_____	Long-Wristed Sure Grip 1.Choose color WHITE BLACK 2.Choose size S M L XL	\$4.25	\$4.50
_____	Half-Finger Long Wristed 1.Choose color WHITE BLACK (one size fits all)	\$3.50	\$4.00
_____	Velcro Sure Grip 1.Choose color WHITE BLACK 2.Choose size S M L XL	\$4.25	\$4.50

QTY.	Boots / Front Line & Dance Shoes / Band Shoes	No Tax	Includes Tax
_____	Holly Boot (White only) Women's sizes 5-12(go ½ size larger for wider foot) SIZE _____	\$43.95	\$47.00
_____	Nancy Boot 1.Choose color WHITE BLACK 2.Choose size (5-12) _____	\$60.50	\$65.00
_____	Releve Platinum 1.Choose color TAN BLACK 2.Choose size (Women 5-15) _____	\$35.50	\$38.00
_____	Balance 1.Choose color NUDE BLACK 2.Choose size (Women 5-15) _____	\$32.25	\$34.50
_____	Kulerswift 1.Choose color NUDE BLACK 2.Choose size (Women 5-15) _____	\$41.75	\$45.00
_____	Ever-Jazz 1.Choose color TAN BLACK 2.Choose size (Women 3-16) _____	\$35.95	\$38.50
_____	Vanguard 1. Choose model # 705 #707 #709 2. Size (list men's size) _____	\$37.95	\$41.00
_____	Glide 1. Choose model # 405 #407 #409 2. Size (list men's size) _____	\$27.95	\$30.00
_____	Starlite 2 1. Choose color TAN BLACK 2. Size (list women's size) _____	\$29.25	\$31.50
_____	Impulse 1. Choose color WHITE TAN BLACK 2. Size (Women 5-12) _____	\$37.50	\$40.00
_____	Spin 1. Choose color BLACK ONLY 2. Size (Women 5-12) _____	\$29.95	\$32.00

<input type="checkbox"/>	Boots, 1pr (add gloves at no charge) (add \$7.00 for 2 nd pair of boots)	add \$19.00	\$20.33
<input type="checkbox"/>	Shoes 1 pr (add gloves at no charge) (add \$6.00 for 2 nd pair of shoes)	add \$13.00	\$13.91
<input type="checkbox"/>	1-4 pr gloves	add \$5.00	\$5.35
<input type="checkbox"/>	SHIP TO RESIDENCE - ADDRESS _____	add \$7.00	\$7.49

Payment Method: cash check# _____ Credit/Debit

SUB-TOTAL _____

Call When In # _____ Hold for Pickup

Notes/Requests:

TOTAL COLLECTED \$ _____

Lyre / Flip Folder Pack for Marching Band

This form is for marching band members who will need lyres and flip folders for the upcoming marching season.

Bandland will be at the school, and have the items for sale to students during summer band.

Your band director will let you know in advance of the date Bandland will be there. Please have your money ready on that day in correct change to help simplify the process. Please make checks payable to BANDLAND

Lyre / Flip Folder Pack: \$20.00 (including sales tax) **Best Value if you need everything*

Pack includes: instrument Lyre and Flip Folder with 7 pages

Note: If you play trumpet, sax, baritone, mellophone, or sousaphone, Bandland's representative will look at your instrument to be sure you are getting the correct lyre, as they are not standard sizes. For most other instruments, lyres are standard sizing.

Don't need the whole pack?:

Lyre only: Clarinet, Sax, Trumpet, Marching Baritone or Mellophone, Sousaphone - **\$11.00**

Flip Folder Only with 5 pages: (will not work for flute or trombone) - **\$8.00**

Lyre/Flip Folder with 5 pages: Flute - **\$18.00**

Lyre/Flip Folder with 5 pages: Trombone - **\$18.00**

Flip Folder Pages (individual): fits all flip folders - **\$1.00**

Above prices include sales tax

We accept cash, or check made payable to: BANDLAND

You can also purchase your items online at bandlandmusic.com. Go to **SHOP ONLINE. There, you will find "Marching Band Supplies." You can choose *store pickup* or *free school delivery*.**

- Please remember to bring correct change on the day Bandland will be at the school.
- You are also welcome to pick up your items at Bandland, but please bring your instrument if it is for sax, trumpet, or marching baritone, mellophone, or sousaphone.
- If you are unsure of what you need, Bandland or your band director will assist you.

Thank You!!
Bandland

Version 200503