



Dear Forney Band,

Summer band camp is just about here! I hope you all had a wonderful summer and enjoyed your time indoors in the cool AC, but it's time once again to brave the Texas heat and begin summer band camp.

Student safety is our top priority as we move into this new school year. Each student will be issued two official Forney Band face masks to be worn any time not actively playing their wind instrument. Social distancing will be adhered to throughout the season, and ALL of our full summer band camp will be conducted outdoors, hence the change in rehearsal times below. With our summer band consisting of two blocks of rehearsal, a morning block and an evening block, please begin making arrangements for rides. All students will need to take their instruments home each day (except for tubas and percussion) as soon as rehearsal is over to avoid congregating and traffic jams inside the building. In the instance of bad weather, a plan is currently in place that allows for the students to be divided into four groups and socially distanced indoor while still being able to rehearse.

Here are the upcoming dates - some have been modified and some remain the same:

Leadership Team will start things up in just a few days with our Jones Leadership Clinic via zoom meeting on **July 20th** from 2:00 to 6:00pm. You will receive an email about this event soon. The following week the leadership team will meet **July 27 - 28** from 9am to noon then **July 29 - 31** from 10:30am - noon at FHS.

Colorguard Camp and Drumline Camp for all guard and percussion members is the week of **July 20-24**. Percussion will rehearse at the band hall from 8:00am to noon; 1:00 - 5:00pm. Color Guard rehearsal time has been changed to 7:00am to 11:00am and will be all outdoor.

The rehearsal schedule for summer band has been modified:

July 29 - 31: Full Band Fundamentals Camp- 7:30am to 10:30am outdoor; percussion will come back noon to 3pm.
August 1, 3 - 7, 10 - 13: Full Band Camp - 7:00am - 10:30am outdoor; 6:30pm - 9pm outdoor
August 14: FINAL DAY of Summer Band Camp & Parent Performance (tentative)- 7:30pm at City Bank Stadium
7:00am - 11:00am outdoor; 6:30pm meeting for performance

Band Registration has moved ONLINE. It will be on our new website along with a payment portal.

UIL Physicals will be required for all students to participate in marching band. These must be on file with us BEFORE July 29th. You can email those to Mrs. Funk (ecfunk@forneyisd.net).

For these rehearsals, you need to wear shorts, t-shirts in light colors, and tennis shoes (no sandals, boots, Toms, etc.). **Bring a fresh jug of ice water EVERYDAY to rehearsal!** If you have been outside lately, I'm sure you've noticed **IT IS HOT!** Also, be sure to eat a good breakfast everyday before coming to rehearsal and constantly hydrate

with plenty of water throughout the day both before and especially after rehearsal. **AVOID** drinking *energy drinks or sodas* before or immediately after heat and athletic activity as these will have a negative affect on your body. Please bring your instrument to each and every rehearsal.

Speaking of learning drill - get out your phone and download the Ultimate Drill Book app. We will be using this app in our rehearsals everyday as we did last year. Don't worry, if you don't own a smart phone we will still make you a coordinate sheet!

I know most of you have been practicing away on the music given to you earlier in the summer. Those of you who have not been practicing *better start now!* Don't show up out of shape!!!

As for the directors this summer....

Mrs. Funk has been traveling all over the country spending time at the beach in Galveston, seeing the beautiful Rocky Mountains in Colorado, and seeing family in Missouri and Kansas!

Mr. Snead has been writing drill and designing shows for bands all over the state as well as spending time with his wife and son (who just celebrated his FIRST birthday)!

Mr. Jacobs has been diligently working with the percussionists, teaching lessons and getting ready for the school year - in between all his fishing and camping!

Mr. Warren spent time in Galveston at the beach, went on lots of bike rides, played piano and drumset as well as animal crossing! Very busy man!

The Newman family has been camping at state parks around Texas and made a little time for the beach but now we are rested, recharged and ready for BAND!

We will have a SUMMER BAND PARENT MEETING on July 17th at 7pm to discuss the changes in the schedule and the safety precautions being taken this year. The meeting link is here:

Topic: Forney Band Parent Summer Meeting
Time: Jul 17, 2020 07:00 PM Central Time (US and Canada)

Join Zoom Meeting
<https://us02web.zoom.us/j/87444126434>

Everyone show up ready to work and continue to prove to everyone else what we already know:
We have the best band **IN THE STATE OF TEXAS!**

PRIDE in excellence & HONOR from within!

A handwritten signature in black ink, consisting of the letters 'CN' inside a circular loop.

Cody Newman
Director of Bands
Forney High School

What are the NEXT STEPS that I can take care of right now?

Please complete the first THREE steps as soon as possible, the fourth step will be completed once our fee structure has been modified.

Step #1 - Go to the Forney ISD Rank One website and complete all required forms. These are for Forney ISD and the athletics department.

<https://forneyisd.rankonesport.com/New/NewInstructionsPage.aspx>

Step #2 - Print the Physical/Medical History form below. Take it to your doctor and complete your annual physical. Please be sure to fill out and sign all applicable signature lines.

See below for form to be printed. Once completed, email to ecfunk@forneyisd.net.

Step #3 - Print and fill out the band specific forms below. They have been attached to the original policies and procedures document sent out in May. We have simplified this process by pulling just the pages that must be signed and returned - **Policies and Procedures Acknowledgement page, Travel/Medical Page, Band Volunteer form.**

See below for form to be printed. Once completed, email to ecfunk@forneyisd.net.

Step #4 - COMING SOON! Once we have a final modification to our fees for band this year, we will email you a link to the new and improved band website to pay fees online.

So to sum in all up - steps #1 and #3 can be completed RIGHT NOW so you won't have to think about it. Step #2 involves a doctor visit. Please have this all taken care of by July 29th so we can ensure your student will be able to participate and not miss instruction.

Thanks so much for your quick response to these time sensitive items,

Your Forney Band Staff!

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2020

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____
In case of emergency, contact:
 Name _____ Relationship _____ Phone (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 unexpected 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? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
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"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<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.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
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: _____

SIGN HERE

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, SCRIMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____ (_____/_____, ____/_____)
brachial blood pressure while sitting

Vision: R 20/____ L 20/____ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * **Local district policy may require an annual physical exam.**

	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)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL

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.

Dear Parents and Students of the Forney Band,

What an honor it is to begin this journey with you and your amazing students as the Director of Bands at Forney High School. Through my years of teaching band in Texas, I have learned many lessons, but none of them greater than this:

The power of music in conjunction with a band program that builds the self image of its students is a transformative tool for student growth and maturity!

Your student will learn discipline, responsibility, punctuality, teamwork, dedication, excellence, focus, leadership, and develop a lifelong love for music! I have seen students walk in the door, afraid of their own shadow, and walk out as seniors transformed into amazing adults ready to become the next leaders of our great nation.

What an exciting journey this will be!

PRIDE in excellence & HONOR from within!

Thanks,



Cody Newman
Director of Bands
Forney High School

So that we may know that all members and parents have reviewed this copy of our policies, please sign the form below and return it to Mr. Newman. Thanks!

We have received and read the 2020-2021 copy of the Forney Band Policies and Procedures, and will adhere to them.

Band Member PRINT NAME

Parent PRINT NAME

Band Member Signature

Parent Signature

SIGN HERE



Parent/Guardian Approval and Release Form

GENERAL INFORMATION

Campus: Forney High School	Trip Destination: Band Destinations 2020-21 School Year
Date(s): 2020-21 School Year	Approximate times: Beginning _____ Ending _____
Purpose of trip: Forney High School Band Performances and Competitions	
Method of Transportation: Forney ISD Transportation / Charter Bus	Sponsor: Cody Newman, Director of Band Forney High School

In consideration of the Forney Independent School District agreeing to take my child on the reference school-sponsored field trip, I/we hereby give approval for his/her participation. I/we understand that in Texas, parents are responsible for the cost of medical treatment for a student injured on school property or while participating in a field trip activity, unless the injuries result from the negligent use or operation of a motor vehicle owned by the district (Texas Tort claims Act, Section 101.051, and the Texas Education Code, Chapter 22.051). *

Should the world situation make it necessary for the administration of the Forney ISD to cancel student travel, parents and students must understand that the school district assumes no financial responsibility for any monies lost due to this action.

I consent to the release of health-related information to non-district personnel serving as sponsors/chaperones for the purpose of providing information necessary for the care and supervision of my child.

In the event of an emergency while my child is on the school-sponsored trip or while participating in field trip activities, I hereby grant permission to school district employees to take whatever action is deemed necessary. In the event I cannot be reached, I authorize school district employees to give consent for my child to receive medical treatment.

STUDENT INFORMATION

Students' name:	ID#:	Grade	Date of birth:
Street address:	City:	Zip code:	
Parent/guardian name:	Home phone:	Cell phone:	
Parent/guardian name:	Home phone:	Cell phone:	
Emergency contact other than parent:			Phone:
Emergency contact other than parent:			Phone:
Insurance Company:	Group#:	Policy #:	
Health problems:		Allergies:	
Medication/time (prescription only): #1		#2	

Please indicate if your child will be getting a sack lunch from the school cafeteria. Yes ☐ No ☐ Not Applicable ☐

Printed name of parent/guardian: _____ Signature: _____

SIGN HERE

***All students are encouraged to purchase student accident insurance.**

Reminder Parents: All FISD chaperones going on field trips must submit a driver's license or state ID to be scanned through the campus RAPTOR system prior to attending a field trip.

Sponsor will maintain possession of this signed form during the trip and a copy will be provided to the principal (or designee).

FORNEY BAND

Volunteer Form

ParentName: _____

We NEED volunteers! The success of the band program is dependent on help from our parents. Please look through the list of opportunities. Indicate where you would be interested in volunteering your time and talents. If you need more information, we will be available to answer questions at the Volunteer Sign-Up Station during registration. All activities have an Executive Board Member and/or chairperson to provide help and support. THANK YOU for your willingness to help.

- ☐ **Concessions** - All families are encouraged to work at least 3 concession events throughout the year
- ☐ **Chaperons** - Chaperon students on buses to and from games, in the stands and at competitions
- ☐ **Equipment Crew** - Help load and unload the band trailer at games and competitions; help with construction of props
- ☐ **Fundraising** - Communicate with local businesses regarding sponsorships, grants, and coordinate fundraising efforts
- ☐ **Physician / Nurse** - Available for medical assistance at games and competitions
- ☐ **Water Crew** - Help provide water to the students at games and competitions
- ☐ **Spirit** - Organize homecoming decorations, Band Beau/Sweetheart ceremony, senior treat bags, booster shirts and spirit items.
- ☐ **Photographer/Historian** - Organize photography, videos and help coordinate any media publications (approved by Directors first)
- ☐ **Grillmasters / Meals** - Organize meals for the students on game days and competitions
- ☐ **Freshman Parents** - act as a liaison between the boosters and the incoming freshman class

Volunteers are required to have go through the Forney ISD volunteer verification system.

Please fill out the form through this link: <https://www.forneyisd.net/Page/258>

Student Name: _____ Student Grade: _____

Parent #1 (PRIMARY POINT OF CONTACT): _____

Parent #1 Cell #: _____ Parent #1 Email: _____

Parent #2 : _____

Parent #2 Cell #: _____ Parent #2 Email: _____

Can we count on you to volunteer to help the Forney Band?

- ☐ Yes
- ☐ No

Parent #1 Signature: _____ Parent #2 Signature: _____

SIGN HERE