

2024-2025

Colonial Forge Sound & Guard Parent & Student Guide

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www.forgepride.com





IMPORTANT DATES

TBA - 2024 Color Guard Clinic TBA

TBA - 2024 Sound & Guard Percussion Clinic

May 11, 2024 - Reading Day Marching Band "Step Off" - 8:00 am - 12:00 pm

May 17, 2024 - \$100 Deposit/Paperwork Due July 19, 2024 - Balance of Registration Fees Due

Band Camp dates:

Percussion/Color Guard – July 15-19 (9am-5 pm) Newbies – July 17-18 (9am-5pm) (Plus all Student Staff All - July 19 (9am -5pm)

All - July 22-26 (8am - 9pm)

TBD - Newbie Parent Night (New Family Night)



Parent and Student Guide

Participation in the Sound & Guard

It is all about the students. Welcome to the Forge Band Family! We are glad you made the decision to involve yourself and your student(s) in this rewarding program. Every detail and dollar spent by the Colonial Forge Music Booster organization is to benefit the students' overall experience, development, and enjoyment. Activities are designed to be beneficial and fun.

NEWBIE Parent Night (New Family Night). During Newbie camp, we host an evening just for our new parents. This is an opportunity to meet and inform you, in a small group environment, how things work in your student's new adventure. At first, it does seem overwhelming; however, this event will break the organization down, piece by piece. We will help guide you and, hopefully, make you more at ease with the realization that your little one is growing up and will gain an incredible amount of independence, experience, and confidence as a member of this large organization.

Registration Fee

There are two levels this year.

New members/incoming 9th grade: Have never marched before at CFHS.

10th – 12th Grade returning members: Members that marched at CFHS before and received their flip folder, green under-uniform t-shirt, and green polo shirt. See below for pricing.

<u>New Members/9th Grade - \$360</u>. You will be issued a CFMB polo shirt, green under uniform t-shirt, one pair of band gloves or guard gloves, and a flip folder.

** \$100 nonrefundable deposit due May 17, 2024, to secure your student's spot in the field show. Balance is due July 19, 2024. Make check payable to **Colonial Forge Music Boosters or CFMB**, and mail payment to Colonial Forge High School, c/o Mr. Gillette, Band Director, 550 Courthouse Rd., Stafford, VA 22554.

If paying with a credit card, please email the Treasurer at treasurer@forgepride.com. They will send you a link to pay. If you have a financial hardship, you must communicate this to Mr. Gillette by May 17, 2024, at gilletterj@staffordschools.net for special arrangements to be considered.

Returning students may use available funds from their IFA account. Please email the Treasurer at treasurer@forgepride.com to transfer funds. Families new to the IFA, please review the form at the back of this packet for available fundraising opportunities and how to contribute to this account.

Returning Members 10th – 12th Grade - \$315. Returning members **must** have the following: CFMB polo shirt; green under uniform t-shirt; a lyre for your flip folder, and flip folder in their possession or purchase a replacement. (Lyre and flip folder are for wind players only).

** \$100 nonrefundable deposit due May 17, 2024, to secure your student's spot in the field show. Balance is due July 19, 2024. Make check payable to **Colonial Forge Music Boosters or CFMB** and mail payment to Colonial Forge High School, c/o Mr. Gillette, Band Director, 550 Courthouse Rd., Stafford, VA 22554 or deposit in BLUE BOX in Band room. If paying with a credit card, please email the Treasurer at treasurer@forgepride.com. They will send you a link to pay. If you have a financial hardship, you must communicate this to Mr. Gillette by May 17, 2024, for special arrangements to be considered.

Returning students may use available funds from their IFA account. Please email the Treasurer at treasurer@forgepride.com to transfer funds. Families new to the IFA, please review the form at the back of this packet for available fundraising opportunities and how to contribute to this account.

What are these fees for?

Student and staff snacks and some meals during fall marching band season competition days, out of district away football games when no concessions are available to the students (funding availability for any other sound and guard events to include Winter Guard and Winter Drumline is on an as available basis; students should bring their own meals to these events), dry cleaning and maintenance of the uniforms, first aid supplies, prop items for the field show, rental trucks for transportation to every away game and competition, music and field show professional design, staff stipends, maintenance of Booster-owned equipment (Gator, trailer, carts), and organization operational expenses, awards and entrance fees for competitions. (Average cost to fund one student in Marching Band for the season is roughly \$1200.) Additional costs, over and above registration fees, are made up through fundraising. (TAG Day, Concessions, Gift Wrap, Mattress Sale, etc.).

Additional Fees (as applicable): Instruments must be rented from the school, according to Stafford County Rental Guidelines. (Check made out to **CFHS**). Guard and Marching shoes **ARE NOT COVERED** in the fees. That will be an additional charge. They will be ordered all at once to significantly reduce the shipping charge. Once these costs are figured, the cost will be shared. Usually, it is around \$50 for the shoes.

Rental Fee for wind/percussion instruments (as applicable): \$50 for the season. This is for all school-owned instruments and all percussionists and includes maintenance of these instruments as specified on the rental agreement. (Make check payable to Colonial Forge High School or CFHS and mail payment to Robert Gillette, CFHS Band, 550 Courthouse Road, Stafford, VA 22554, or put in blue box). This can be paid on the online student payment portal found in the parent quick links on the cfhs.org webpage. This is payable after July 1, 2024. **Please note, this check is made to CFHS - NOT CFMB.

Guard Rental Fee: \$40 for the season and includes maintenance and usage of all guard equipment used throughout the season. This can be included in the final payment due on July 19, 2024. (Make check payable to **Colonial Forge Music Boosters or CFMB** and mail payment to Colonial Forge High School, c/o Mr. Gillette, Band Director, 550 Courthouse Rd., Stafford VA 22554).

Why a Nonrefundable Deposit?

\$100 of the registration fee is due by May 17, 2024, and is a nonrefundable deposit to secure your student's spot in the field show. The remainder of the fee is due July 19, 2024. The reason the deposit is nonrefundable is because that money is spent immediately for the professional show designer to arrange the program with a predetermined number of people. His or her job is to provide a spot for each participant moving around the field in sync with the music. When students opt out for any reason after the show has been designed, we must return to the designer and pay an expensive fee to rework the show so as not to have a gap in the program. It is not so simple as to have the remaining students rework their spacing. Because of this expense, we will hold the deposit if for any reason your student is unable to continue. The rest of the registration fee can be returned if there is some reason that a student must terminate his/her relationship with the band before the start of band camp.

Fundraising. There will be numerous fundraising opportunities throughout the year. Funds raised are to offset overall costs of the band program and decrease the participation fee for all participants. This is roughly equal to one-fourth of the overall budget needed for the season.

Volunteers move the band!

It takes many hands to get this show on the road! There are many ways you can help. No matter what constraints you have, we have a way for you to get involved. Please review the needs of our various committees and find a way to help. We need every family to be active on our volunteer roster, in some way, this year.

Much of our income is derived from Concession Stands at Varsity and JV Football games. We need volunteers cooking, preparing, and selling. Please assist as many nights as you can. Remember, all money earned offsets our families' personal out-of-pocket expenses for the band.

Volunteer Opportunities Are Abundant! Please take a moment to review each committee to see what works best for your skills and schedule and SIGN UP.

- Board Member. Serve as President, 1st Vice President, 2nd Vice President, Treasurer,
 Co-Treasurer, Secretary for a period of one year (July to June).
- <u>Uniforms.</u> Fitting and alterations during band camp.
- <u>Concessions.</u> Help at JV and Varsity Football Games.
- <u>Pit Crew.</u> Preparing props and moving equipment at each game and competition.
- <u>Tag Day.</u> Students reach out to the community through a door-to-door campaign.

Volunteers are needed to drive and monitor students in small groups. All students are required to participate. This is scheduled on a Saturday in early September (TBD).

- <u>Game Day Halftime Band Hospitality.</u> Help feed the kids by taking game day orders and delivering them to the kids at halftime. Only home games. Away games, when possible.
- <u>Hospitality.</u> Helping to feed kids at competitions; paid out of band budget.
- <u>Chaperones</u>. Keep an eye on the kids, ride buses to away games, competitions, etc.

>>All chaperones and volunteers that will be driving a student, other than their own, or riding any bus for an official band activity MAY be required by SCPS to be fingerprinted for a background check. There is no cost associated for this.

THE BLUE BOX (mounted on the wall next to the Director's office). For Marching Band and Music Booster use only. Most money (made out to Colonial Forge Music Boosters or CFMB) and forms are to be placed in the blue box. Please clearly label all envelopes with the student's name and what it is for. Please avoid depositing cash, if possible.

*Instrument rental forms and fees are paid to CFHS and given directly to Mr. Gillette.

Material pertaining to school business should be given to Mr. Gillette. <u>He does not have access to the BLUE BOX.</u>

Spring Trip

Each year, if the schedule allows and we have enough volunteers to plan it, the band program coordinates a trip to a great destination to participate in a music event and enjoy local attractions. This trip can be as high as \$500. There are many opportunities to help offset overall costs, thus decreasing the individual's cost to participate. White House Ornaments, and other sales can earn money directly for your student's trip. We will introduce other ways, so please stay informed. If the board is able to sponsor a large-scale trip, commitment forms and a \$100 nonrefundable deposit will be due **in the fall** to secure your student's attendance on this trip.

*If your student is participating in Marching Band as a hardship, they will not be permitted on the trip unless the hardship debt is paid in full, in addition to the cost of the trip.

Parent chaperone opportunities are available. However, the Director has sole discretion as to who is selected. One rule of thumb: Parents who have spent time around the students and are familiar with them are desirable. Chaperones pay the same as students. The trip is not a family vacation, only chaperones with direct assignments to students are part of the official delegation. Parents that decide to travel independently of the group will not be coordinated with the group hotel, ticket purchasing or dining plans. If you are selected as a chaperone and it is decided you may be traveling separately from the delegation, your travel plans must be approved by the Director and must encompass time "on the ground" for the entire duration the students are on location.

Communications

There are five main forms of communications for the Sound & Guard:

1. www.forgepride.com

- a. Calendar Connect to it with Google Calendar
- b. Forms
- c. Schedules
- d. Store
- e. Other important items (SUG links)

2. Remind.com

- a. All parents will be required to sign up for "remind.com" to receive information pertaining to the band from the Director. For text messages: simply open your web browser on your phone and go to the following link: http://rmd.at/cfma and you will be prompted to download the mobile app. You will then receive a text message from Mr. Gillette whenever critical information needs to be conveyed to the group, INCLUDING ARRIVAL TIMES from events.
- b. Student sections Sometimes students create their own lists for their sections.

3. Constant Contact (CC) Email

- a. During the marching band season, the President may email everyone, once a week, with important information. These are kept short to emphasize the importance of the messages.
- b. Register on home page at <u>www.forgepride.com</u>.
- c. Once the season is over, the frequency of the messages will decrease.

5. Synergy Email

a. For critical and urgent communications affecting the whole music program, Mr. Gillette will email all Colonial Forge High School music program and class parents via this system.

4. Sign-Up Genius (SUG) Email and Texts

- a. The Vice President solicits and tracks parent volunteer participation for sound and guard activities. Parents will receive SUG emails as the above CC email distribution list is shared between SUG and CC.
- b. Parents may volunteer to opt in for texts for quick and easy messaging.

501(c)3 Organization. CFMB is a 501(c)3 charitable organization. If your employer participates in a corporate giving program, please inquire with the President as to how we can work together to make the connection.

Paperwork. The following pages need to be signed and returned by May 19, 2023. We **MUST HAVE ALL OF THE PAPERWORK** before participating in the band program. (We understand that getting a physical may require a wait to get an appointment. Please have either the physical or at least a pending appointment by the beginning of July.)

NO EXCEPTIONS!

CF Bands 2024-2025 Calendar

Tentative

MAY	2024			
ТВА		CF	TBA	Color Guard Clinic
SA	11	CF	8:00 am – 12:00 PM	S&G Reading Day
TD 4		0.5	TD 4	
TBA		CF	ТВА	S&G Percussion Clinic
JULY	<u> 2024</u>			
M-F	15-19	CF	9:00 AM – 5:00 PM	Percussion / Guard Camp
W-TH	l 17-18	CF	9:00 AM – 5:00 PM	Newbies/Staff
F	19	CF	9:00 AM - 5:00 PM	Band Camp Starts
Every	/body!			
M-F	22-26	CF	8:00 am – 9:00 pm	BAND CAMP 2024
M	29	CF	6:00 pm – 9:00 pm	S & G Rehearsals
TU	30	CF	7:00 am – 10:00 am	New Teacher Welcome
W	31	CF	6:00 pm – 9:00 pm	S & G Rehearsals
<u>AUGI</u>	JST 2024			
TH	01	CF	6:00 pm – 9:00 pm	S & G Rehearsals
			•	
M	05	CF	6:00 pm – 9:00 pm	S & G Rehearsals
W	07	CF	6:00 pm – 9:00 pm	S & G Rehearsals
TH	08	CF	6:00 pm – 9:00 pm	S & G Rehearsals
M	12	CF	5:30 pm – 8:30 pm	S & G Rehearsals
TU	13	CF	7:00 am Ne	w student welcome/Pep Rally
TH	15	CF	5:30 pm – 8:30 pm	S & G Rehearsals

^{*}Rehearsal will normally be on Monday and Thursday from 5:30 - 8:30 pm until mid/late September when it will switch to 5:00 - 8:00 pm. If there are days off/concerts/SRO Auditions/ etc. Rehearsal that week may be a different day. The schedule will be released as soon as all the dates are set. Typically, Marching Band rehearsals will be done at the end of October. Fridays & Saturdays in September and October will be busy. There will be some of those days off, but between football games and competitions, there will not be many.

Parent and Student Agreement

I have read and understand the expectations of the Colonial Forge Music Boosters as noted in the PARENT and STUDENT GUIDE TO PARTICIPATION IN THE COLONIAL FORGE SOUND & GUARD.

Furthermore, I realize a \$100 deposit is due by Friday, May 17, 2024, and this money is nonrefundable due to the nature of creating a marching band field show.

I understand the remainder of the registration fee is due by Friday, July 19, 2024, along with these forms:

- ✓ S C P S Athletics and Activities Code of Conduct Student Statement of Understanding
- ✓ S C P S Athletics and Activities Code of Conduct Parent/Guardian Statement of Understanding
- ✓ S C P S Heat and Hydration Statement of Understanding Form
- ✓ S C P S Marching Band Concussion/Brain Injury History
- ✓ C F M B Movie Viewing Permission Slip and Hydration Form
- ✓ C F M B Student Allergies Form
- ✓ V H S L Physical Form MUST BE SIGNED BY A PHYSICIAN!
- ✓ S C P S Health Services Permission and Medical Form MUST BE SIGNED BY A PHYSICIAN!

We are not allowed to give ANY medication (including over the counter - Tylenol,

<u>Ibuprofen, antacid, etc. unless the medication and dosage is listed on the form and signed by a physician. PLEASE TAKE THIS FORM TO YOUR PHYSICAL APPOINTMENT!</u>

✓ C F M B Individual Fundraising Account

Student Name (Please print)	Grade	Instrument		T-Shirt	Size
Student Email Address	-	l Marching Shoes? wbies = YES)	YES _	NO	SIZE
Parent Name (Please print)					
Family Email Address (Please prin	t clearly)				
Address		_			
Phone					
Parent Signature		ate			

Please return this form with \$100 deposit (Payable to CFMB) by May 17 to Colonial Forge High School c/o Mr. Gillette, Band Director, 5 5 0 Courthouse Rd., Stafford, VA 22554



Stafford County Public Schools Athletics and Activities Code of Conduct

Marching Band Signature Packet

The following Stafford County Public Schools' documents are attached:

- Athletics and Activities Code of Conduct Student Statement of Understanding
- Athletics and Activities Code of Conduct Parent/Guardian Statement of Understanding
- Marching Band Heat and Hydration Statement of Understanding
- Marching Band Concussion/Brain Injury History
- Marching Band Medical and Emergency Contact Information

All of the documents listed above must be signed and returned to the Band Director.

The Athletics and Activities Code of Conduct provides detailed information concerning the expectations of our coaches, sponsors, band directors, student-athletes, students, and parents/guardians. This document will be reviewed during the Parent/Athlete Information Nights, Band Parent Information Nights and kick-off meetings with students involved in club activities by middle school athletic directors, high school Assistant Principals of Athletics and Activities, Coordinator of Fine and Performing Arts, sponsors, head coaches, band directors.

This document can be found on www.forgepride.com/forms page. Please take the time to review the entire document, specifically the pages listed on the Code of Conduct Statement of Understanding page requiring your signature.

If a hard copy of this document is preferred, copies are available at every middle and high school or in the main lobby of the Stafford County Public Schools Alvin York Bandy Administrative Complex located at 31 Stafford Avenue, Stafford, VA 22554.

Any questions can be directed to the high school Band Director or the high school Assistant Principal of Athletics and Activities.



STAFFORD COUNTY PUBLIC SCHOOLs

ATHLETICS AND ACTIVITIES STATEMENT OF UNDERSTANDING

STUDENT

Students should review the following, **initialing** each statement and signing at the bottom.

I have received and reviewe Schools Code of Conduct (Policy					d County Public
I accept that I have a resporconduct myself with honesty, in		-		y in a positive n	nanner and will
I understand that I must be or extracurricular activities and practice, meeting, or any event.			=		=
I agree to follow all expecta Stafford County Public Schools'			and Activities Co	ode of Conduct	as well as the
I will not engage in and will abusive language, harassment, h witness such acts perpetrated by	nazing, stalking,	sexual violence	e, or any other co	onduct prohibit	ed by law. If I
I will not engage in any act, involuntarily, to abuse, mistreat perpetrated by others, I will repo	ment, humiliati	on, harassmen	t, or intimidation	n. If I witness su	-
I will not consume or use al tobacco, or illegal drugs.	coholic beverag	es, energy drin	ks, dietary supp	lements, anabol	ic steroids,
I will follow all locker room	rules and meet	locker room b	ehavioral expect	ations at all tim	es.
If I observe a fellow studen	t in distress of a	ny kind, I will	notify a coach or	r activity sponso	or immediately.
I understand that failure to Code of Conduct, Stafford Coun result in sanctions, ranging from team, and suspension or expulsi	ty Public School limited particij	ls' Student Coc pation up to ar	le of Conduct, ar nd including susp	nd in the above	statements, may
Colonial Forge High School		Marching Ba	nd		
School	Grade	Activity			
Student Name – Print St	udent Signature	2	Date		
Parent/Guardian Name – Print Ple	Signature ease sign and re		ate r required docun	nents	



STAFFORD COUNTY PUBLIC SCHOOLS

ATHLETICS AND ACTIVITIES STATEMENT OF UNDERSTANDING

PARENT/GUARDIAN

After reading and reviewing the sections pertaining to your child's level of participation in extracurricular activities offered by Stafford County Public Schools, please indicate your understanding by **initialing** the statements below.

In effect during all extracurricular activities are the Stafford County Public Schools' Student Code of

Conduct			
(Policy 2403), Extra/Co-Curricul and requirements.	ar Participat	ion (Policy 3502), and Related	Notices, rules, expectations,
I received a copy of the Sta	afford Count	y Public Schools' Athletics and	d Activities Code of Conduct.
I read and agree to the sec expectations, in Stafford County	_	ning to my level of participation d activities.	n, including guidelines and
I will follow all protocols as	sociated witl	n my participation in SCPS ath	nletics and activities.
I acknowledge that Stafford insurance is available from a thin	•	olic Schools has informed me t ier to cover my child.	hat supplemental accident
I understand my child must Statement of Understanding for		upleted Student Statement of United to the first contest to the first co	8
I realize that by not following event, I may be removed from the that sport or activity.		havior requirements while attended and possibly the remainder of t	,
I agree to be a positive supp coaches to coach and sponsors t	-	child's participation in athletic	cs/activities. I agree to allow
If I have a question or concern, lassistant principal for athletics a lastly central office contacts liste	and activities	or middle school athletic dire	-
Colonial Forge High School		Marching Band	
School	Grade	Activity	
Student Name (Print)	_		
Parent/Guardian Name (Print)	Par	rent/Guardian Signature	Date

Please sign and return with other required documents

Stafford County Public Schools

Marching Band Heat and Hydration Statement of Understanding

Dear Student & Parent/Guardian,

Welcome to another marching band season! As the staff prepares for Band Camp, you and your student should prepare as well with the following important information.

Marching Band is a demanding workout and we all must come prepared. Many band students appear for rehearsal unprepared to cope with the stress that heat and marching place on their bodies. For this reason, it is imperative that marchers spend time getting acclimated to the heat and humidity prior to the beginning of band camp.

For our part, the staff will be vigilant in monitoring students for the signs and symptoms of heat illness and providing opportunities to rest. We will incorporate regular fluid breaks to promote proper hydration and will encourage students to speak up if they are feeling bad. Here's what you can do to help keep your child safe during their marching band experience in Stafford County Public Schools.

HYDRATION – Please be sure to stress the following information to your student and monitor your child's drinking habits at home. Good preparation for band camp begins BEFORE camp! Increase your fluid intake the week prior to camp and pay close attention to hydration during camp. Remember that water, Powerade, and Gatorade are the drinks of choice. In general, each student should be drinking 20-60 ounces of fluid each night after camp to replenish fluids lost throughout the day. All caffeinated beverages are bad for marchers! Caffeine is a diuretic, causing rapid fluid loss and in turn leading to dehydration. ENERGY DRINKS are particularly bad!!! No marcher should be consuming these due to high amounts of caffeine and sugar. For more information, visit www.gssiweb.com.

NUTRITION – Please provide your son/daughter with well-balanced meals. The best advice is to follow the My Plate Guidelines. You can find more information at the following website: www.choosemyplate.gov. As young men and women, students need the proper fuel to run their bodies. Excess grease and fatty foods will only slow them down and contribute to heat-related illnesses and other injuries.

PROPER REST – Students should get proper rest prior to and during band camp. Encourage you son/daughter to go to bed early. Rest and relaxation allow the body to recharge.

COMMUNICATION – Please feel free to contact the band director at any time concerning the health and well-being of your son/daughter. Should an injury occur, band directors will work with the certified athletic trainers to ensure your son/daughter gets the proper care for any type of injury.

Paying attention to these guidelines will decrease the risk of serious injury and help ensure a healthy marching season.

Please complete and return to your band director prior to the start of band camp. Please retain a copy of this information for your reference.

We are looking forward to a safe and successful season. Should you have any questions or concerns, please contact your Assistant Principal of Athletics and Activities or high school band director.

Sincerely,

Assistant Principals of Athletics and Activities; High School Band Directors

Student Name (Print):	First Name
have read and understand the information provided regarding the	topics of heat, hydration, and proper health care for marching band students
Student Signature	Date
Parent /Guardian Name (Print):	
Parent/Guardian Signature:	Date:



Stafford County Public Schools Statement of Participation in Athletics and Concussion/Brain Injury History

In order to provide the safest possible environment for your child to participate in marching band in Stafford County Public Schools, please answer the following:

 Is your child currently participating on an a or No If yes, please indicate the sport. 	athletic team inside or outside of SCPS? Yes
Has your child ever suffered a concussion l	ike brain injury? Yes or No .
 If yes, what was the date of the latest concurrence 	ussion like injury?
	trainers work diligently to provide the proper care for a Stafford County Public Schools activity/sports team
It is extremely important that if an injury occ	urs outside of SCPS activities that the school
nurse, coach, band director, and/or athletic tr	rainer is notified immediately.
	t all injuries and illnesses to my band director,
especially if an injury occurs during marching	g band rehearsal.
Student Name (print)	
Student Signature	Date
Parent/Guardian Name (Print)	
Parent/Guardian Signature	Date

Colonial Forge Bands Movie Permission Form

l,	Hereby
Parent or Guardian Nam	e, Printed
grant permission for my student,	
to watch any movie rated G, PG, or	PG-13, while traveling under the
direction of the Colonial Forge Band	l's Staff.
(Parent Signature)	 (Date)



Student Allergies

Student Name	Grade	Instrument	
Student Phone			
Emergency Contact (can be parent)		Phone	
Check all that apply			
NO KNOWN ALLERGIES			
Self-Carry Epi-Pen			
Self-Carry Inhaler			
Vegetarian			
Vegan			
Peanut Free			
Tree Nut Free			
Milk Free			
Gluten Free			
Eggs Free			
Pork Free			
Chicken Free			
Natural/Seasonal:			
Animals/pests:			
Other:			

VIRGINIA HIGH SCHOOL LEAGUE, INC.

1642 State Farm Blvd., Charlottesville, Va. 22911

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ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form is required for each school year **MAY 1** of the current year through **JUNE 30** of the succeeding year.

For school year		
PRINT CLEARLY	(To be filled in and signed by the student) Female_	
Name (Last)	Student ID#	
Home Address		
City/Zip Code		
Home Address of Pare	nts	
City/Zip Code		
Date of Birth	Place of Birth	
This is my ser	nester in High School, and my semester since first entering the ninth grade. Last	
	School and passed credit subjects, and I am taking credit subject sead the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible high school in athletics.	
 Must be a regular Must be enrolled Must have enrolled For the first seme for graduation an preceding year or equivalent requir For the second set used for graduation immediately preceding year. Must sit out all V move. (Check with the second set used for graduation immediately preceding to the service of the second set used for graduation immediately preceding to the second set used for graduation immediately preceding to the second secon	INDIVIDUALIZED ELIGIBILITY RULES sent your school in any VHSL interscholastic athletic contest, you: chona fide student in good standing of the school you represent. in the last four years of high school. (Eighth-grade students may be eligible for junior varsity) ed not later than the fifteenth day of the current semester. ster must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for ements.) May not repeat courses for eligibility purposes for which credit has been previously awarded. mester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be on and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the eding semester. (Check with your principal for equivalent, offered for credit and which may be used for graduation the eding semester. (Check with your principal for equivalent requirements.) HSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a fam thy your principal for exceptions.) ached your nineteenth birthday on or before the first day of August of the current school year. attering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight esters. Itted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or n, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed attesting en examined during this school year and found to be physically fit for competition and that your parents' consent to your eligibility, check with your principal for interpretations and exceptions provided under League rules. Meeting the gue standards will prevent you,	nily

Date:_

→Student Signature:_

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

PART II- MEDICAL HISTORY (Explain "YES" answers below)

Explain "YES" answers below with number			stion. Circle questions you don't know the answers to.		
GENERAL MEDICAL HISTORY	YES	NO	MEDICAL QUESTIONS CONTINUED	YES	NO
1. Do you have any concerns that you would like to discuss with			24. Have you had mononucleosis (mono) within the last month?		
your provider?			25. Are you missing a kidney, eye, testicle, spleen or other		
Has a provider ever denied or restricted your participation in sports for any reason?			internal organ? 26. Do you have groin or testicle pain or a painful bulge or hernia		
Do you have any ongoing medical conditions? If so, please			in the groin area?		
identify: Asthma Anemia Diabetes Infections			27. Have you ever become ill while exercising in the heat?		
Other:			28. When exercising in the heat, do you have severe muscle		
4. Are you currently taking any medications or supplements on			cramps?		
a daily basis?			29. Do you have headaches with exercise?		
5. Do you have allergies to any medications?			30. Have you ever had numbness, tingling or weakness in your		
 Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant 			arms or legs or been unable to move your arms or legs AFTER being hit or falling?		
Staphylococcus aureus (MRSA)?			31. Do you or does someone in your family have sickle cell trait		
7. Have you ever spent the night in the hospital? If yes, why?			or disease?		
			32. Have you had any other blood disorders?		
8. Have you ever had surgery?			33. Have you had a concussion or head injury that caused		
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	confusion, a prolonged headache or memory problems?		
9. Have you ever passed out or nearly passed out DURING or			34. Have you had or do you have any problems with your eyes		
AFTER exercise?			or vision?		
10. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			35. Do you wear glasses or contacts?		
11. Does your heart race, flutter in your chest or skip beats			36. Do you wear protective eyewear like goggles or a face shield?37. Do you worry about your weight?		
(irregular beats) during exercise?			38. Are you trying to or has anyone recommended that you gain		
12. Has a doctor ever ordered a test for your heart? For			or lose weight?		
example, electrocardiography or echocardiography.			39. Do you limit or carefully control what you eat?		
13. Has a doctor ever told you that you have any heart problems,			40. Have you ever had an eating disorder?		
including:			41. Are you on a special diet or do you avoid certain types of		
High blood pressure A heart murmur			foods or food groups?		
High cholesterol A heart infection			42. Allergies to food or stinging insects?		
Kawasaki Disease Other			43. Have you ever had a COVID-19 diagnosis? Date:		
			44. What is the date of your last Tdap or Td (tetanus) immunization	1?	
14. Do you get light-headed or feel shorter of breath than your			(circle type) Date:		
friends during exercise?			FEMALES ONLY	YES	NO
15. Have you ever had a seizure?			45. Have you ever had a menstrual period?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO	46. Age when you had your first menstrual period:		
16. Does anyone in your family have a heart problem?			47. Number of periods in the last 12 months:		
17. Has any family member or relative died of heart problems or			48. When was your most recent menstrual period?		
had an unexpected or unexplained sudden death before age			EXPLAIN "YES" ANSWERS BELOW		
35 (including drowning or unexplained car crash)? 18. Does anyone in your family have a genetic heart problem			# >>		
such as hypertrophic cardiomyopathy (HCM), Marfan			# >>		
syndrome, arrhythmogenic right ventricular cardiomyopathy					
(ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS),			# >>		
Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?					
			# >>		
19. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			# >>		
BONE AND JOINT QUESTIONS	YES	NO	" "		
20. Have you ever had a stress fracture or an injury to a bone,			# >>		
muscle, ligament, joint, or tendon that caused you to miss a					
practice or game?			# >>		
21. Do you currently have a bone, muscle or joint injury that bothers you?			List modications and nutritional cumplements you are comments to	ina ba	ro:
MEDICAL QUESTIONS	YES	NO	List medications and nutritional supplements you are currently tal	ung nei	ie.
22. Do you cough, wheeze or have difficulty breathing during or					
after exercise?					
23. Do you have asthma or use asthma medicine (inhaler,					
nebulizer)?					

→ Parent/Guardian Signature:	Date:	→ Athlete's Signature:

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PART III- PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after <u>May 1</u> of the preceding school year and is good through June 30 of the current school year)**

NAME			DA	TE OF BIRTH		SCHOOI			
Height		Weight			Male	2		Female	
BP /	Resting pulse	- 0	Vision	R 20/	L 20/		Corrected	Yes	No
· · · · · · · · · · · · · · · · · · ·	, ,,			· · · · · · · · · · · · · · · · · · ·	<u> </u>				-
MEDICAL				NORMAL		ABNO	RMAL FINDING	S	
Appearance (Marfa	an stigmata: kyphosc	oliosis, high-	arched p	alate, pectus					
	odactyly, hyperlaxity	, myopia, m	itral valve	e prolapse, and					
aortic insufficiency									
	roat (Pupils equal, he	aring)							
Lymph nodes									
	uscultation standing,	supine, +/-	Valsalva)		+				
Pulses									
Lungs									
Abdomen	ov visus Iosians suga	active of MD	CA ortina	aa aarnaria)					
Neurological	ex virus, lesions sugg	estive of ivin	SA OF LITTE	ea corporis)	+				
Neurological	MUSCULOS	KELETAL			NORMAL		ARNO	RMAL FINDING	<u> </u>
Neck	MOSCOLO	MLLLIAL			INOMINIAL		ADIVO	MINIAL I MUDING.	<u>, </u>
Back									
Shoulder/arm					1				
Elbow/forearm									
Wrist/hand/fingers	S								
Hip/thigh									
Knee									
Leg/ankle									
Foot/toes									
	uble leg squat, single		ox drop o	r step drop test)					
Emergency medica	ations required on-sit	e: Inhaler	Epi	inephrine	Glucagon	Other:			
COMMENTS:									
	l have reviewed th	o data aba	vo rovio	wood his/hor m	adical histor	nı form a	nd maka th	o following	
l	I have reviewed th			s for his/her p		-		e following	
		recomme	illuation	s for fils/fier p	articipation	in atmetic	LS.		
MEDICALLY ELIGIE	BLE FOR ALL SPORTS	WITHOUT R	ESTRICTION	ON					
MEDICALLY ELIGIE	BLE FOR ALL SPORTS	WITHOUT R	ESTRICTION	ON WITH RECO	MENDATION	FOR FUR	THER EVALU	ATION OR TREA	ATMENT OF:
MEDICALLY ELIGIE	BLE <u>ONLY</u> FOR THE FO	DLLOWING S	PORTS:_						
	ELIGIBLE PENDING FU								
	ELIGIBLE FOR ANY SP			···					
NOT WEDICALLY	ELIGIBLE FOR ANY SP	UKIS							
By +	his signature, I atto	set that I b	avo ovar	ninad tha ahay	o student an	ad comple	otad this ne	o participatio	n
Бус	ilis signature, i atti			g a review of F		-	-	e-pai ticipatio	'''
							-		
→ PRACTITIONER S	IGNATURE:				(MD, [DO, NP or	PA) + DATE*	*:	
EXAMINER'S NAME	AND DEGREE (PRINT)	:				PHON	E NUMBER: _		
ADDRESS:			CI	TY:			STATE: _	ZIP: _	
ı Only eter	nature of Dagter of	Modisins	Doctor	of Ostoonath:	Modicina N	luree Due	ntitionar ar	Dhysisian/s A	ccictont
+Only sign	nature of Doctor of	-		or Osteopathic e in the United	-			Physician's A	SSISTALL
			p. 40010		TTIII N	accept			

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

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PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed by parent/guardian)

(To be completed by pa			
I give permission forfollowing sports that are NOT crossed out: baseball, basketball, cheerle	(name of child eading cross countr	/ward) to partic v field hockev	ipate in any of the football golf gymnastics
lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling			
I have reviewed the individual eligibility rules and I am aware			
my child/ward. I understand that the degree of danger and the serious			
with contact sports carrying the higher risk. I have had an opportunity			
written handouts or some other means. He/she has student medical/a		_	
has athletic participation insurance coverage through the school (yes_ Name of medical insurance company:			iicy with:
Policy number:			
I am aware that participating in sports will involve travel with sport and with the travel involved and with this knowledge in mind, graand travel with the team.		_	
By this signature, I hereby consent to allow the physician(s) ar	nd other health care	provider(s) sel	ected by myself or the
school to perform a pre-participation examination on my child and to $\mathfrak p$			_
participation in athletics/activities for his/her school during the school	•		
physician(s) of health care provider(s) to share appropriate information		ld that is releva	nt to participation in
athletics and activities with coaches and other school personnel as dee Additionally, I give my consent and approval for the above na		re and name to	he printed in any high
school or VHSL athletic program, publication or video.	med stadent's pieta	re and name to	be printed in any mgn
To access quality, low-cost comprehensive health insurance the	hrough FAMIS for yo	our child, please	contact Cover Virginia by
going to www.coverva.org or calling 855-242-8282.			
DADT V FAMEDOFALOV DEL	DAMICCIONI FORMA*		
PART V- EMERGENCY PER (To be completed and signed by)	
(10 be completed and signed by	y the parent, gaaraian	,	
STUDENT'S NAME:	GRADE:	AGE:	DOB:
HIGH SCHOOL:	CI	TY:	
Please list any significant health problems that might be significant to a	a physician evaluatir	ng your child <u>in</u>	case of an emergency:
PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC:			
IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN?	LIST THE EME	RGENCY MEDICA	
IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION?	IF SO, WHAT?		
IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? DOES THE STUDENT WEAR CONTACT LENSES?	DATE OF LAST TO	dap OR Td (TET/	ANUS) SHOT:
EMERGENCY AUTHORIZATION: In the event I cannot be reached in an	emergency. I hereb	v give permissio	on to physicians selected by
the coaches and staff of H	ligh School to hospit		
order the injection and/or anesthesia and/or surgery for the person na	amed above.		
DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY	Y):		
EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERG	GENCY):		
CELL PHONE NUMBER:			
→ SIGNATURE OF PARENT/GUARDIAN:			:
RELATIONSHIP TO STUDENT:			
*Emergency Permission Form may be reproduced to travel with respective tea			
Emergency remassion rount may be reproduced to traver with respective tea	ams and is acceptable	for emergency tre	eatment in needed.

→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT: __

Parent/Guardian signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

Stafford County Public Schools

Marching Band

Medical and Emergency Contact Information Form

Please complete this entire form – do not leave any blank spaces

Student's Last Name:	Fi	rst:	Middle:
Address:		City:	Zip Code:
Home Phone #	Student #	Date	of Birth:
Student Email:			Grade:
Parent/Guardian Information:			
Father's Name:		Mother's Name:	
Father's Work/Cell #:	r	Mother's Work/Cell #:	
Father's Email:	N	Mother's Email:	
Emergency Contact Name (requi	red):	P	hone:
Family Doctor Name:		P	hone:
Dentist/Orthodontist Name:		P	hone:
**Students taking medications on a regular extended trip. A complete list of the studer prescription container. Students will be a	r basis are required by SCPS regulationt's medications and when they are to	ons to turn in these medications to be taken <i>must</i> be included. Medica	ations must be in the original
nurse's office.	ore to take their medications as need	ea. Stadents mast also have medicate	vis listed on the with the serious
Parental Consent: I am familiar with my child's wishes to partic carries the risk of injury to my child, particul band staff and/or band parents/chaperone bassistance at a medical clinic or hospital eme provide emergency treatment deemed neexpenses arising due to the injury or illness of a will not hold the school, administration, or	arly due to travel and the physical asp shave my permission, in an emerge rgency room at my expense. Further, ecessary by a physician for the well-but of my child while participating as a me	pects of rehearsal and performance. Incy when I (or my physician) cannot the medical clinic or hospital persieing of my child. I certify that I accept mber of the band. In the event of an	The Band Director, professional to be contacted, to seek medical connel have my permission to to full responsibility for medical
Signature of Parent/Guardian:			Date:
Printed Name of Policy Holder:			
Insurance Company:	Policv #:	(Group #:

Stafford County Public Schools

Health Services

Permission and Medical Form for Overnight Field Trips

Student's Full Name:		Preferred Name:	 -
Last,	First	MI	
Date of Birth:	Present Address:		
Father/Legal Guardian:		Phone: (H)
		Phone: (C)
Mother/Legal Guardian:		Phone: (I	H)
		Phone: (C)
Emergency Contact Person:		Phone: _	
Relationship to student:			
Health History: Is the student under medical treatr If Yes, explain:	-		
(Student's Name)	has permission to be given t	he following medication if needed:	
Medication	Dose	Frequency	Route
Parents must prepare all medicati permission form. Physician permis			harmacy container with a copy of this
Physician's Signature:		Phone:	
Physician's Name:		_ Address:	
Insurance Information:			
Insurance Company's Name:		Policy Number:	
Group Number:	Name of Pol	licy Holder:	
Insurance Company Address:			
Medical Authorization:			
I give permission to the staff of St	afford County Public Schools to se	eek medical treatment for my child,	
In the event of an emergence, if I attending physician.	cannot be contacted. I further au	thorize the medical staff to provide an	y treatment deemed necessary by the
		Date:	
Signature of po	arent/Guardian		

School Nurses do not accompany students on field trips and every effort will be made for medications to be administered. All medications taken must be ordered by a physician and permission granted by parent. Parents/Guardians may be asked to accompany students in some circumstances. Middle /High school students may assume responsibilities for their own medications as long as SCPS protocols are followed.

CFMB Individual Fundraising Accounts

The band program at Colonial Forge relies heavily on fundraising activities. In an effort to increase overall participation in fundraising and fund the forecasted band budget, the Board has authorized Individual Fundraising Accounts (IFA). These accounts not only offset individual student expenses, they also raise more money for the general fund.

The IFA program allows students and families, throughout the band program, the opportunity to earn credit towards specified costs. To remain compliant with the IRS and our 501c (3) Tax Exempt status, IFA opportunities will be limited in scope with respect to our overall fundraising activities and will ensure equity and compliance of the program.

- 1. Participation in an Individual Fundraising Account (IFA) is completely VOLUNTARY.
- 2. Except for concessions and TAG day, participating students may earn credit for fundraising with the following only:
 - a. Gift wrapping (per shift amount, determined once total revenue known).
 - b. Cookie Dough/Cheesecake sales: \$3 per unit sold.
 - c. White House Ornaments: \$2 per unit sold.
- 3. Costs that credit may be applied to (NO EXCEPTIONS): Band Dues, Marching Shoes, Concert Attire, Guard Fee, in-stock merchandise **ONLY**, Spring Trip, and individual music lessons, at the school, with approved music department personnel.
- 4. Specific rules of the accounts:
 - a. CFMB manages the accounts through online accounting software.
 - b. Unless otherwise agreed to, funds will be applied automatically to any outstanding invoice.
 - c. Funds may carry over to the following year for the individual student.
 - d. Funds may transfer the following year to a sibling upon graduation (no gap year).
 - e. Funds CANNOT be transferred to any other student.
 - f. Funds may NEVER be cashed out.
 - g. Participation in the IFA program **MAY** (depending on amount raised) result in the issuance of a Form-1099 (Note: If a child raises \$600 or more in their IFA, we may have to issue the form. You will be notified ahead of time if your student is approaching the threshold).
 - h. Donations to individual accounts are not authorized.
 - i. Music lessons, with approved music department personnel, may be reimbursed only once per school semester, with use of IFA Reimbursement/Allocation Form, and submission of cancelled checks or receipt from instructor outlining dates and costs of lessons previously completed. You must have enough in your IFA account to cover the lesson fees.
 - j. No advancement of IFA funds is permitted.

The IFA program will be reviewed and affirmed annually by the Colonial Forge Music Boosters Executive Board and Band Director.

If you would like to participate in the IFA program, please sign and date below. By signing below, you acknowledge you have read and understand the program rules and that your participation is completely voluntary. You also acknowledge that the Board of Directors reserves the right to cancel the program anytime, for any reason, and all credit will be forfeited to the general fund.

Parent Name		
Parent Signature	Date	
Student Name(s) (include last name if different from parent)		