

# **Required Signature Form Packet**

## **El Toro High School**

### **Instrumental Music and Pageantry Boosters**

**2009 – 2010**

The ETHS Instrumental Music Handbook for 2009-2010 is available on Mr. Fritz's Saddleback Valley Unified School District Teacher Webpage at [www.svusd.org/fritzd](http://www.svusd.org/fritzd) (in the documents section of any ensemble page). It includes helpful information about program staff, student leadership, uniforms requirements, field shows, festivals, competitions, grading policy, and the booster organization.

**ETHSIMPB Contribution Due Dates Marching Band & Fall Color Guard – 2009/2010**

Please make your checks payable to “ETHSIMPB” and write your child’s name on the check.

**Due June 29, 2009**

**Marching Band or Fall Color Guard Contribution #1** **\$150.00**

At June/July Camp Check in table, in front of the music room.

**Due August 24, 2009**

**Marching Band or Fall Color Guard Contribution #2** **\$150.00**

At August Camp Check in table, in front of the music room

**Due September 30, 2009**

**Marching Band or Fall Color Guard Contribution #3** **\$300.00**

Give payment to: Teri Lowry, Booster Treasure  
25422 Trabuco Rd. 105-447  
Lake Forest, CA 92630

**Total Contribution for Marching Band or Fall Color Guard in \$600.00. This contribution do not cover additional costs for items like costumes, marching band shoes, gloves, overnight trips, or transportation.**

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**Due at ET Bullring Registration**

**Marching Band or Color Guard Transportation Fee** **\$150.00**

Please make check out to “SVUSD” and write your child’s name on the check.

*Give payment to Teri Durst, ETHS Athletics Secretary  
25255 Toledo Way  
Lake Forest, CA 92630*

\*\*\*This is a transportation fee that is charged by the Saddleback Valley Unified School District (max \$240 for students who also participate in sports); please see ETHS registration handbook for more information.

**ETHSIMPB Contribution Due Dates Orchestra – 2009/2010**

**Please make your checks payable to “ETHSIMPB” and write your child’s name on the check.**

**Due August 10, 2009**

**Orchestra Contribution #1** **\$200.00**

At August Orchestra Camp check in table, in front of the music room.

**Due September 30, 2009**

**Orchestra Contribution #2** **\$250.00**

Give payment to: Teri Lowry, Booster Treasurer  
25422 Trabuco Rd. 105-447  
Lake Forest, CA 92630

**Total Contribution for Orchestra is \$450.00. This contribution does not cover additional costs for items like concert attire, overnight trips, or transportation.**

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**Due at Bullring**

**Orchestra Transportation Fee** **TBA**

Please make check out to “SVUSD” and write your child’s name on the check.

*Give payment to Teri Durst, ETHS Athletics Secretary  
25255 Toledo Way  
Lake Forest, CA 92630*

\*\*\*This is a transportation fee that is charged by the Saddleback Valley Unified School District (max \$240 for students who also participate in sports); please see ETHS registration handbook for more information.

**ETHSIMPB Contribution Due Dates Symphonic Band or Wind Ensemble – 2009/2010**

**Please make your checks payable to “ETHS IMPB” and write your child’s name on the check.**

**Due October 31, 2009**

**Symphonic Band or Wind Ensemble Contribution** **\$250.00**

Give Payment to: Teri Lowry, Booster Treasurer  
25422 Trabuco Rd. 105-447  
Lake Forest, CA 92630

**Total Contribution for Symphonic Band or Wind Ensemble is \$250.00. This contribution does not cover additional costs for items like concert attire, overnight trips, or transportation.**

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**Due at Bullring**

**Symphonic Band or Wind Ensemble Transportation Fee** **TBA**

Please make check out to “SVUSD” and write your child’s name on the check.

*Give payment to Teri Durst, ETHS Athletics Secretary  
25255 Toledo Way  
Lake Forest, CA 92630*

\*\*\*This is a transportation fee that is charged by the Saddleback Valley Unified School District (max \$240 for students who also participate in sports); please see ETHS registration handbook for more information.)

**ACKNOWLEDGEMENT OF THE EL TORO HIGH SCHOOL INSTRUMENTAL  
MUSIC AND PAGEANTRY BOOSTERS CONTRIBUTION STUCTURE.**

The undersigned hereby affirm their 2009-2010 membership in the El Toro High School Instrumental Music and Pageantry Boosters and agree to submit to the Bylaws and Standing Rules of the Instrumental Music and Pageantry Boosters. This Agreement is signed in recognition of the need to support Instrumental Music and Color Guard programs at El Toro High School through both financial assistance and participation fundraising activities.

Parents and students hereby acknowledge that fundraising for music activities are both a parent and student commitment. Many times adults are needed to fulfill fundraising commitments to service providers who rely on the Instrumental Music and Pageantry Boosters to fulfill contractual commitments. You are encouraged to provide adult assistance whenever possible, and to provide additional people for fundraising activities whenever possible. Parents and students hereby acknowledge and agree to the Contribution Commitment.

Student Name (print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Name(s) (print): \_\_\_\_\_

Parent Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_



2009 - 2010

Student Information Sheet

My child is interested in (please circle all that apply):

- Color Guard**                      **Drum Line**                      **Wind Ensemble**                      **Symphonic Band**
- Marching Band Orchestra**                      **Winter Percussion**

Instrument(s) \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mother's** Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different than student) \_\_\_\_\_

Occupation and talents \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Father's** Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different than student) \_\_\_\_\_

Occupation and talents \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student lives with:    Mother                  Father                  Both                  Other: \_\_\_\_\_

Check the boxes that apply: (please read carefully)

- I do not** wish for this information to be included in an organizational directory. The directory will be distributed solely to Booster families and staff
- I do not** wish for pictures of my student or our family to be posted on [www.ethsband.org](http://www.ethsband.org)

El Toro High School Instrumental Music and Color Guard Program  
PARENT PARTICIPATAION FORM

YES!!! I WOULD LOVE TO GET INVOLVED AND HELP IN THE FOLLOWING AREAS:

\_\_\_ **Chaperones:** This group of parents helps with chaperoning, hair, water, and first aid when the students leave campus for an event. Please specify: Band Orchestra Color Guard

\_\_\_ **Equipment:** This group of parents helps us to transport and set-up equipment at performance sites and assists with chaperoning. Please specify: Band Orchestra Color Guard

\_\_\_ **Uniform Helper:** This group of parents helps to fit and mend marching band uniforms and concert attire

\_\_\_ **Fundraising Helper:** These parents help with fundraising ideas as well as distributing and collecting fundraising materials to students and their families.

\_\_\_ **Camp Helper:** This group of parents helps check-in students at band, color guard, and orchestra camps.

\_\_\_ **Hospitality Committee:** This group of parents helps with social events for students and parents throughout the school year.

\_\_\_ **Refreshments:** This group of parents provides bake sale items and drinks for each concert.

\_\_\_ **Spirit:** Cheer and help with banners when the Royal Blue Regiment and Color Guard attends field show or winter guard competitions throughout the school year.

\_\_\_ **Recycling:** Earns money for the program and helps the environment by collecting cans and plastic bottles from ETHS Music and Color Guard families and then turning it into the recycling center.

\_\_\_ **Public Relations:** This group of parents has the gift of gab and lets our community know about all the wonderful things happening in the El Toro High School Instrumental Music and Color Guard Programs.

\_\_\_ **Will Do Anything for the Cause:** Put me were your need is greatest

Please Circle Your Availability:

Weekdays: Mornings Afternoons Evenings

Weekends: Mornings Afternoons Evenings

Student Name(s): \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

**El Toro High School Instrumental Music and Colorguard  
AUTHORIZATION TO TREAT A MINOR**

**Please initial each section and sign at the bottom:**

\_\_\_\_ I, the undersigned legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital or clinic. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care that the aforementioned physician in the exercise of best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions: \_\_\_\_\_

\_\_\_\_ I hereby authorize and consent to the examination and/or treatment of minor illness or injury that might occur while at a school activity, by a licensed M.D., D.O., or R.N., who, from time-to-time, would be in attendance as a first-aid provider for that activity.

\_\_\_\_ I hereby authorize and consent to the following over-the-counter medication being dispensed to my minor child by the El Toro High School Instrumental Music Chaperone or staff member:

**Benedryl; Tylenol; Advil; Tums; Sudafed; Aleve; Midol; Flavored menthol Robitussin cough drops**

Other: \_\_\_\_\_

\_\_\_\_ I hereby authorize and consent to the El Toro High School Instrumental Music or Colorguard Chaperone or staff member dispense, to my minor child, the following prescription medication(s): \_\_\_\_\_. All prescription medication(s) will be placed in a zip-locked bag and will be in the student's original pharmacy containers with original labels attached which contains the student's name, name of the medication, dosage, time and route.

I understand that these medications must be given to a member of the El Toro High School Instrumental Music or Colorguard Chaperone or staff member prior to events or off-site activities, and must be accompanied with a signed note specifying the condition for which the medications are being given, possible side effects, and any special instructions.

**Dispensing of any medications, whether over the counter or prescription, will be done in a confidential manner.**

Date of Birth: \_\_\_\_\_ Last Tetanus Booster: \_\_\_\_\_

Allergies to drugs or foods: \_\_\_\_\_

Current medical conditions: \_\_\_\_\_

Current routine medications: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Family Physician's Name and Address: \_\_\_\_\_

\_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy ID No.: \_\_\_\_\_

Address/phone # \_\_\_\_\_

Policy contract code \_\_\_\_\_ Policy group # \_\_\_\_\_

**ANY CHANGE IN INSURANCE PROVIDERS AND/OR A MINOR'S MEDICAL INFORMATION REQUIRES A PARENT OR GUARDIAN TO IMMEDIATELY NOTIFY THE INSTRUMENTAL MUSIC DIRECTOR IN WRITING AND SUBMIT A NEW AUTHORIZATION TO TREAT A MINOR FORM FOR THEIR CHILD.**

Signature of Legal Guardian

Date

**This consent shall remain in effect until June 30, 2010**

# EL TORO HIGH SCHOOL SPORTS SCREENING ASSESSMENT

STUDENT'S NAME (PRINT) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ SEX: M F GRADE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_\_ / \_\_\_\_\_ PULSE: \_\_\_\_\_ RESP: \_\_\_\_\_

## CIRCLE APPROPRIATE FINDINGS:

LUNGS: CLEAR WHEEZING RALES OTHER \_\_\_\_\_ PEAK FLOW \_\_\_\_\_

CARDIAC: RRRsM: MURMURS \_\_\_\_\_/6: ARRHYTHMIAS OTHER \_\_\_\_\_

ABDOMEN: NORMAL (SOFT, BOWELL SOUNDS NL, NO MASSES) OTHER \_\_\_\_\_

HERNIAS: (INGUINAL, MALES ONLY) FOUND NOT FOUND

NECK: (NORMAL ORM):: YES NO (CHIN TO CHEST, 90 DEG ROTATION, EAR TO SHLD R AND L, 45 DEG EXT)

MUSCULOSKELETAL: CHECK ASYMMETRIC ROM, MUSCLE IMBALANCE, JOINT LAXITY, DEFORMITY, PAIN/SWELLING

CIRCLE ANY JOINT WITH ABNORMAL FINDINGS AND ELABORATE:

SHOULDER \_\_\_\_\_

ELBOW \_\_\_\_\_

WRIST \_\_\_\_\_

HAND \_\_\_\_\_

BACK \_\_\_\_\_

HIPS \_\_\_\_\_

KNEES \_\_\_\_\_

ANKLES \_\_\_\_\_

FEET \_\_\_\_\_

## EVALUATION (CIRCLE ONE)

1. UNLIMITED ATHLETIC PARTICIPATION

2. MAY PARTICIPATE PENDING FURTHER EVALUATION

Recommendation for further W/U \_\_\_\_\_

Referral to: \_\_\_\_\_

3. LIMITED ATHLETIC PARTICIPATION

Orthopedic limitations \_\_\_\_\_

4. ATHLETIC PARTICIPATION DENIED

Reasons \_\_\_\_\_

DATE OF EXAM (Mandatory) \_\_\_\_\_

SIGNATURE OF EXAMINING/EVALUATING PHYSICIAN \_\_\_\_\_

DATE: (Mandatory) \_\_\_\_\_

**\*NOTE: REVERSE SIDE MUST BE FILLED OUT & SIGNED BY PARENT\***

## SPORTS SCREENING HEALTH QUESTIONNAIRE

STUDENT'S NAME \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

DATE OF LAST VISIT/PHYSICAL \_\_\_\_\_

**MEDICAL HISTORY:** It is important this form be filled out completely and accurately by a parent or legal guardian. It is an important part of providing health care to your child, and allows the physicians focus on important areas specific to you child. Please circle all appropriate answers.

**ALLERGIES?** Y/N    **DRUGS:** Penicillin    Sulfa    Other \_\_\_\_\_

**ENVIRONMENTAL:** Bee stings    Pollen    Dust    Other \_\_\_\_\_

What happens during the allergic reaction? \_\_\_\_\_

Current Prescription medications? \_\_\_\_\_

Reason for medication \_\_\_\_\_

Bone, joint, tendon or ligament injuries requiring medical attention? Y/N

Explanation \_\_\_\_\_

Neck or back injuries/problems? Y/N

Explanation \_\_\_\_\_

Any previous surgery? Y/N

Explanation \_\_\_\_\_

Any previous hospitalizations? Y/N

Explanation \_\_\_\_\_

Any history of loss of consciousness? Y/N

If "Yes", was the athlete:    knocked out    fainted?

Any history of seizures? Y/N

Explanation \_\_\_\_\_

Wear glasses    contacts? Y/N

Any history of asthma?    Y/N    If "Yes" is an inhaler required? Y/N

Has your child ever had any PE class limitations? Y/N

Explanation \_\_\_\_\_

Are immunizations current? Y/N

Any uncorrected visual condition that may impair sports participation? Y/N

Any significant medical problems such as: **(Circle all appropriate answers)**

Loss of an organ (i.e. kidney, spleen, eye, etc.)

Bleeding problems (anemia, sickle cell, hemophilia, etc.)

Respiratory problems (i.e. shortness of breath, asthma, tuberculosis, collapsed lungs, etc.)

Cardiac problems (i.e. murmur, etc.)

Psychiatric problems requiring medical treatment

Leukemia

Menstrual problems

Any family history of: **(Circle all appropriate answers)**

Diabetes requiring insulin    Bleeding problems    Heart problems    Other \_\_\_\_\_

Is there any other medical condition that you know of that should be brought to the attention of the physicians or any reason why the athlete should be limited or withheld from athletic participation?    Y/N

Explanation \_\_\_\_\_

**I hereby certify that the above information is true and correct.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_