

THE ARLINGTON BAND

CHEAT SHEET

Band Calendar



Fee sheet



To become an approved volunteer

www.aisd.net/community/volunteer

Band App



Pay Fees Online



www.ahscoltsbbc.com



THE ARLINGTON BAND

Fee Sheet

We do our very best to make our Band fees as little as possible. Because of this, we expect our band students and families to help us raise more money by fundraising. If you don't feel comfortable fundraising please pay the fundraising fee listed below.

Please pay fees in full at Get-Fit-Day - August 2, 2025.

If more time is needed, please pay by UIL Marching Contest - October 18, 2025

The following fees are for all band students:

Band Activity Fee: \$275.00 - All pay this fee - transportation, food, entry fees, materials

Parade Uniform: \$43.00 - All pay this fee - shirt, shorts, hat

Marching Prop Fee: \$60.00 - All pay this fee - marching show props

Shoe order: \$46.00 - mandatory for freshman and 10-12 who need a new pair

Gloves: \$20.00 - mandatory for wind players only - includes 4 pair

Show Shirt: \$18.00 - only if you want an extra one

Fundraising: \$500.00 - only if you don't want to fundraise throughout the year

The following fees are for students in Percussion and Colorguard only:

Drumline Fee: \$100.00 - includes drum heads, mallets, sticks, music, and techs

CVE Fall Fee: \$400.00 - includes flags, bags; + fundraising will include uniform

The following fees are for students in Winter Guard second semester:

CVE Fee: \$450.00 - floor, flags, shirt, needs, etc. - paid by February 11, 2026

Arlington Independent School District

Permission To Travel

TO: Parents/Legal Guardian of: _____
Printed Student Name

I give my permission for the above student of the Arlington Independent School District to attend the following district approved trip(s) this school year:

<u>Description of Trip</u>	<u>Date</u>	<u>Means of Transportation</u>
Football Game 1	09-29-2025	@ UTA - School Bus
Football Game 2	09-09-2025	@ Marcus HS - School Bus
Football Game 3	09-12-2025	@ UTA - School Bus
Football Game 4	09/19/2025	@ UTA - School Bus
Football Game 5	09/26/2025	@ Gopher - School Bus
Football Game 6	10/10/2025	@ UTA - School Bus
Football Game 7	10/17/2025	@ UTA - School Bus
Football Game 8	10/23/2025	@ Glaspie - School Bus
Football Game 9	10/31/2025	@ UTA - School Bus
Football Game 10	11/06/2025	@ Glaspie - School Bus
Mansfield POC	09/27/2025	@ Vernon Newsom - School Bus
Dean Corey	09/29/2025	@ UTA - School Bus
Midlothian Marching	10/04/2025	@ Midlothian Stadium - School Bus
UIL Marching Contest	10/18/2025	@ Vernon Newsom - School Bus
AREA Marching Contest	10/25/2025	@ Pennington Field - School Bus
Lewisville Drumline Contest	11/08/2025	@ Lewisville High School - School Bus
Football Playoff Game	11/14/2025	@ TBD - School Bus

Students are responsible for all missed work, communicating with teachers beforehand, and completing the work by the next school day.

The supervising sponsors for the trips listed above are: **AHS Band Directors**. The Local Board policies governing student conduct and discipline are applicable to students on all district trips and the behavior of all participating students is expected to conform to the standards set forth in such policies. All violations of such code of conduct by any student shall be reported to the Principal.

Signature parent/guardian

Persons to Contact in Case of Emergency:

1. _____
name

telephone number

2. _____
name

telephone number

*** (For Out-of-District travel, for A-071-96 is also required) *** A-075-96 \pm5\db\9-9

**PARENT/STUDENT UIL MARCHING BAND
ACKNOWLEDGEMENT FORM**

Updated 2018

No student may be required to attend a marching band related practice for more than eight hours outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band. **Exception:** For schools that begin instruction prior to the fourth Monday in August the limit of eight hours of rehearsal outside of the academic school day per calendar week shall begin on the Tuesday immediately following Labor Day. Schools under this exception shall be limited to eight hours of rehearsal outside of the academic day per school week (12:01 AM on the first day of school of the calendar week through the end of the school day on the last day of instruction of the school week) until the Tuesday immediately following Labor Day.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples of Activities Subject to the UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band and Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing and Viewing Marching Band Videos
- Passing Off Marching Band Music
- Marching Band Sectionals (Both Director and Student Led)
- Clinics for The Marching Band or Any of its Components

The Following Activities Are Not Included in the Eight Hour Time Allotment:

- Travel Time to and From Rehearsals and/or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades and Other Public Performances
- Instruction and Practice For Music Activities Other Than Marching Band And Its Components

NOTE: More information about Marching Band practice limitations can be found at:
www.uiltexas.org/music/marching-band

"We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations."

Parent Signature _____ Date _____

Student ^{Print}Signature _____ Date _____

Print

This form is to be kept on file by the local school district.

**Statement of Compliance
For the
AHS Colt Band Handbook**

I have had the opportunity to access the online AHS Band Handbook and have read and understand the contents; and agree to abide by the rules, regulations, expectations and procedures stated within.

Signature Parent / Guardian: _____

Print
Signature Student: _____

Date: _____

***Please return this form along with the 8 hour rule form, the Permission to Travel form, the notarized Medical Release Form, and the Roster Update form no later than August 10th.**

**ARLINGTON INDEPENDENT SCHOOL DISTRICT
OUT OF DISTRICT TRAVEL MEDICAL AUTHORIZATION**

TO: Any Physician, Hospital, or Other Health Care Provider:

RE: _____

We, the undersigned, represent and warrant that we are the parents or legal guardians of the above-named student, a minor child, and we do hereby give _____, of the Arlington Independent School District, the power to consent to any and all medical and/or health care which he/she deems necessary in an emergency while said child is in her/her custody and control while on a district sponsored trip.

Signed this _____ day of _____, 20 _____.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Print Name of Parent or Guardian

Signature of Parent or Guardian

SUBSCRIBED AND SWORN TO BEFORE ME by _____

and _____ on this _____ day of _____, 20 _____,

to certify which witness my hand and seal of office.

Notary Public, State of Texas: _____

My commission expires: _____

Additional information:

Home Phone: _____ Business Phone: _____

Insurance Company _____ Insurance Co. Phone: _____

Policy Number: _____

Medical Allergies: _____

Pertinent Medical Information (e.g., diabetes, asthma, heart disease, bee or peanut allergy, etc.): _____

Medications: _____

Family Doctor: _____ Phone: _____

Other Contact in Emergency: _____ Phone: _____

It will be the responsibility of the parent to notify the school of any changes in the above information.

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

2024

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 unexplained 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? _____			Females Only <input type="checkbox"/> I choose not to provide written information on Question 19 but will discuss with a medical professional: 19. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____		
How severe was each one? (Explain below)			Males Only <input type="checkbox"/> I choose not to provide written information on Question 20 but will discuss with a medical professional: 20. Are you missing a testicle? _____ Do you have any testicular swelling or masses? _____		
Have you ever had a seizure?	<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.		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>			
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"/>			
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
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: _____

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, SCRIMMAGE, 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) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
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/competition.