



McGavock High School Band

McGAVOCK MARCHING BAND ORIENTATION AGENDA

-May 21, 2024 @ 6:00PM-

A. Communication

1. ALL STUDENTS and PARENTS can find announcements on “**McGavock HS Band Parents**” Facebook **Group**. This is where all Band-Wide Announcements will be made.
2. Mr. Mudd’s email address: mcgavockdirector@gmail.com.
3. **Remind Texts** will be setup during this Summer by our School Administrators

B. Official Band Calendar

ALL Band Rehearsals, Performances, Fundraisers, and Events are located here:



C. McGavock Band Camp Registration

Use the link below to sign up for this year’s band camp:

<https://shorturl.at/fnwx6> OR



D. Band Camp Dates *REQUIRED* (Held at McGavock HS Band Room)

PERCUSSION and GUARD CAMP = **Thursday and Friday, July 18-19** (8:00-4:00 PM)

FULL BAND CAMP = **Monday-Friday, July 22-26** (8:00-5:00 PM)

E. Summer Marching Band Checklist

ATTIRE

- ___ Athletic Shorts (no jeans)
- ___ Appropriate T-Shirt or Tank top
- ___ Tennis Shoes (Closed Toe)

SUPPLIES

- ___ Instrument
- ___ 1 Gallon Size Water Jug
- ___ Black 3 Ring Binder + Pencil

- ___ 1-2 Boxes of Granola Bars
- ___ 1 case of bottled water

F. Band Music Google Drive

ALL Warm Ups, Pep Tunes, National Anthem, Audio Practice Files, and Show Music are available at the link below:

<https://shorturl.at/bgrH9>

G. Parent Committees are ESSENTIAL to supporting our students (Participate in AT LEAST 1)

This year, our Support Committee Leads are:

Martha Lopez = Booster President

Chilyere Smith = Uniforms

Info Meeting on Mon, July 22 @ 5:00 PM

Sandra Johnson = Communications

Info Meeting on Tues, July 23 @ 5:30 PM

Amber Bambery-Ward = Pit Crew/Towing

Info Meeting on Thurs, July 25 @ 5:00 PM

H. Marching Band Budget Planning (Why we Fundraise)

Band Camp Staff

STAFF	RATE	INVESTMENT
Percussion Instruction – Cole Gregory	150/day x7	1,050
Woodwind Instruction – Jack Warren	100/day x5	500
Brass Instruction – Phil Jones	100/day x5	500
Color Guard – Ryan Klassen	100/day x7	700
Percussion –James Gibson	150/day x7	1,050
Brass Assistance –Amy Saleeb	100/day x2	200
Percussion Assistance –Kacee Sanders	100/day x2	200
Visual Instruction –Elizabeth Mudd	75/day x5	375
Guard Assistance –Fran Shepherd	75/day x5	375

Season Startup Costs

ITEM	DESCRIPTION	ESTIMATE
Prop Frames	Repurpose what we own	~200
Vinyl Print Frame Covers	Synced Up Designs	1,500
Drill Writing	Jim Reed Designs	1,500
Music Writing	Chris Mudd and Cole Gregory	FREE
Copyright	2 to 3 Songs needing copyright	800

August – October Staff + Instructors

NAME	ROLE	RATE	INVESTMENT
Ryan Klassen	Guard Instruction	60/day x36 visits	2,160
James Gibson	Percussion Instruction	65/day x18 visits	1,170
Jack Warren	Woodwind Instruction	65/day x14 visits	910
Phil Jones	Brass Instruction	65/day x12 visits	780
Elizabeth Mudd	Visual Instruction	60/day x12 visits	720
Fran Shepherd	Guard Instruction	50/day x18 visits	1,080
Charlie Condra	Percussion Assistance	50/day x12 visits	600
Lauren Jackson	Visual Assistance	50/day x14 visits	700

Extra Costs

ITEM	ESTIMATE
Generator	~1,200
Equipment Maintenance and Repair	1,000
Sticks, Mallets, Reeds, Mouthpieces, and Oil	1,000
Transportation	1,800
Uniform Related (Gloves, Sewing Kits, etc.)	500

MY CHECKLIST

_____ Complete **Marching Band Camp Registration** using this link:

<https://shorturl.at/fnwx6>

OR



_____ Subscribe to the **Official Band Google Calendar** using this link:



_____ Plan for the **Required Time Commitments** below:

- Percussion and Color Guard Camp: **Thursday and Friday, July 18-19 (8:00-4:00)**
- Full Band Camp: **Monday-Friday, July 22-26 (8:00-5:00)**
- After School Rehearsals: **Monday 2:30-4:30 (Percussion+Guard); Tues/Thurs 2:30-5:00 (Full Band)**
- Select Friday Evenings: **Home and Select Away Football Games or Rehearsals (See Calendar)**

_____ **All STUDENTS and PARENTS** join the **Facebook Group “McGavock HS Band Parents”** for official announcements and updates.

_____ Complete **the TSSAA Health Physical Form by the first day of Band Camp.** The form is linked here: <https://shorturl.at/iHKR1> (also located on the Band Google Drive)

_____ **Check Out an Instrument and Practice** these tunes BEFORE BAND CAMP! **All songs are available at this link:** <https://shorturl.at/bgrH9>.

- | | |
|------------------|---|
| +Long Tones 1 | +Sweet Caroline |
| +Lip Flex 1 | +Bad Guy |
| +Articulation 1 | +High Hopes |
| +Leaps | +Go Big Blue |
| +National Anthem | +Land of 1,000 Dances |
| +Fight Song | +Show Music (will be shared by June 30) |

_____ Mark your calendar for **REQUIRED PARENT MEETING on Tues, July at 5:00 PM** in the Band Room

Health Physical Form • [Take to your doctor]

To student athletes and their parents/caregivers:

Before you can play a sport the TSSAA (Tennessee Secondary School Athletic Association) says you must get a sports physical. This is also called a PPE (Preparticipation Physical Evaluation). The PPE promotes the health and well-being of athletes as they train and compete. It also helps keep athletes safe as they play sports. It is NOT meant to stop them from playing.

Where can you go to get a PPE? In the newest PPE guidebook, the groups below say your doctor's office or the place where you get your medical care is where you can go to get it done:

- The American Academy of Pediatrics
- The American Academy of Family Physicians
- The American College of Sports Medicine
- The American Medical Society for Sports Medicine
- The American Orthopedic Academy of Sports Medicine
- It's also endorsed by the National Athletic Trainers' Association and the National Federation of State High School Associations

There are other places you can get a PPE, but we **recommend athletes get a PPE during their Well Visit at their doctor's office or School Based Health Center.** This ensures exams cover everything important about your overall health and well-being. It also limits absences from school and sports.

We encourage you to work the PPE into the routine health care you get at your doctor's office or the place where you get your medical care. If you're enrolled in TennCare your well visits are free.

Sincerely,

Tennessee Secondary School Athletic Association
Tennessee Chapter of the American Academy of Pediatrics
Tennessee Division of TennCare

Do you have TennCare and need to know who your doctor is? You can call your MCO at:

Amerigroup: 1-800-600-4441
BlueCare: 1-800-468-9698
UnitedHealthcare: 1-800-690-1606
TennCareSelect: 1-800-263-5479

Probek This form should be placed into the athlete's medical file and should not be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (M or F): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)				Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?					
10. Have you ever had a seizure?					
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?					
12. 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)?					
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?					

PREPARTICIPATION PHYSICAL EVALUATION

Name _____ Date of birth _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Medically eligible for certain sports

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type) _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____ MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

*Entire Page Completed By Patient

Athlete Information		
Last Name _____	First Name _____	MI _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade _____	Age _____ DOB ____/____/____
Allergies _____		
Medications _____		
Insurance _____	Policy Number _____	
Group Number _____	Insurance Phone Number _____	

Emergency Contact Information		
Home Address _____	City _____	Zip _____
Home Phone _____	Mother's Cell _____	Father's Cell _____
Mother's Name _____	Work Phone _____	
Father's Name _____	Work Phone _____	
Another Person to Contact _____		
Phone Number _____	Relationship _____	

Legal/Parent Consent

I/We hereby give consent for (athlete's name) _____ to represent (name of school) _____ in athletics realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. ***On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school and TSSAA, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the student athlete named above during or resulting from participation in athletics.*** By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, ***I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.***

Signature of Athlete Signature of Parent/Guardian Date

BONE AND JOINT QUESTIONS		Yes	No
14.	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?		
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS		Yes	No
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17.	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22.	Have you ever become ill while exercising in the heat?		
23.	Do you or does someone in your family have sickle cell trait or disease?	Unsure	
24.	Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)			Yes	No
25.	Do you worry about your weight?			
26.	Are you trying to or has anyone recommended that you gain or lose weight?			
27.	Are you on a special diet or do you avoid certain types of foods or food groups?			
28.	Have you ever had an eating disorder?			
MENSTRUAL QUESTIONS		N/A	Yes	No
29.	Have you ever had a menstrual period?			
30.	How old were you when you had your first menstrual period?			
31.	When was your most recent menstrual period?			
32.	How many periods have you had in the past 12 months?			

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance) PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional _____ MD, DO, NP, or PA