



Sunray High School

Band Handbook

2020-2021

Band Leaders

Drum Majors.....Emma Morris and Sabrina Harrison

Expectations of Band Leadership

Drum Major

- Assist directors in all areas related to marching band, including:
 - Help keep the band hall clean and organized.
 - Help make sure everyone is on the field or in their seat on time.
- Serve as role models to all members of the band.
- Help students who need assistance with music and/or drill.
- Represent the marching band in all activities.
- Maintain a high level of morale during rehearsals and activities.

Leaders

- Assist directors in all areas related to marching band, including:
 - Help keep the band hall clean and organized.
 - Help make sure everyone is on the field or in their seat on time.
- Help students who need assistance with music and/or drill.
 - Provide leadership through musicianship.
 - Maintain a high level of morale during rehearsals and activities.
 - Lead by example.
- If at any time a leader is not fulfilling his/her leadership duties, he/she may be removed from the leadership team.

Attendance

Rehearsals and performances are **NOT** optional. In order for this band to be successful, we must have full participation from **ALL** students at each band-related event. The only absences and tardies that will be excused are sickness, weddings, funerals, and UIL conflicting events. **Work is not an excused absence.** When a conflict arises, let a band director know *immediately*. Students who miss a rehearsal will be required to make up the time missed **and** your grade will be changed accordingly.

Tardies

Rehearsal will start at the posted time. A good rule of thumb is to be at the band hall 10 minutes before the start of rehearsal. A student will be counted tardy if they are not ready to play and have all materials in place. The school policy for tardies will be observed.

Grades

Grades will be based on music checks, homework assignments, chair placement auditions, performances, evening rehearsals, and daily participation. These requirements must be met in order for the student to pass the course. Any student who is failing any of the requirements may be taken out of the performance group and helped on a remedial level until the student has a passing grade of 70 or above. In addition to daily school attendance, we will be taking attendance at each additional rehearsal, and points will be deducted from the student's grade for each missed rehearsal or tardy.

Band Trips

The band will generally go on a trip every other year, and those students who have completed **ALL** of the requirements will be eligible to participate.

Required: Pre-UIL Marching Contest, UIL Marching Contest, Christmas Concert, Pre-UIL Concert Contest, UIL Concert/Sight Reading Contest, Spring Concert, and you must pass band every 6 weeks. You also must work at least 2 concession stand shifts and a parent or other responsible adult must work 2 shifts.

Required/can schedule make-ups if you have an approved absence: Summer Band, Extra Morning/Evening Rehearsals, Friday Football Games, and any extra rehearsal the director calls.

You must be in band for 2 consecutive years to be eligible for the trip. If you have not been in band for two consecutive years, you must work at least 6 concession stand shifts, audition for the 5-state honor band or all region band, and perform a solo at the solo & ensemble competition. (To audition or perform a solo, the music must be passed off to a director before the audition. If the music is not played at an acceptable level, you will not be able to audition.)

If there are repeated behavior issues, the director (with administration approval) reserves the right to revoke the student's trip eligibility.

School Instruments

Sunray ISD provides instruments for every student in the band program. These instruments will be checked out to your student in working condition. We expect for your child to take care of his/her instrument. If the instrument is not working because of general wear and tear issues, the school will take care of the repair of the instrument. If the instrument is not working due to abuse or neglect of the instrument, you may be responsible for the fee to have the instrument repaired.

Instrument Lockers

Students will be assigned a locker where they can store their instrument and music. Students must keep their instrument lockers clean and store their instrument inside the instrument case every day, with the case latched or zipped shut completely.

Supplies

Each student will be provided with enough supplies (reeds, valve/slide oil, gloves, drum sticks) to get them through the school year, provided they take proper care of them. Additional supplies may be purchased through the band directors at a small cost.

Uniforms

The uniform consists of the following parts:

Band Shirt, Wind suit jacket, wind suit pants, white band shoes, Uniform Jacket, Uniform Pants (no jeans showing underneath), LONG Black Socks (solid black), Black Marching Shoes. You will be given a band t-shirt. If you should lose your t-shirt you may purchase a replacement from the Tee Zone in Sunray. We will wear our band t-shirt to every football game/contest.

There will be **absolutely no food or drinks** (other than water) allowed while in uniform. Students **must** wear long black socks when in uniform. Students with long hair must have their hair put into a ponytail, French braid, etc. and tucked securely under their hats. ***Students will be charged replacement fees for uniforms that are not returned, permanently stained or torn due to misuse.***

Rehearsal Procedures

1. Be in your seat with a pencil, music, and instrument completely assembled by the start of class.
2. If early, practice part of your music that is giving you trouble.
3. Rehearsal will begin on time. (Arrive 10 minutes early to be on time.)
4. Please listen carefully when instructions are being given so they do not need to be repeated.
5. Raise your hand if you need to get out of your seat (rest room, valve oil, tissue, etc.)
6. Give your absolute best every day and learn as much as possible.

Football Game Expectations

1. As soon as the band director selects a stand tune, get the music out and be ready to play. (Always be ready to play the Fight Song.)
2. Perform the music as written to the best of your ability.
3. Sit with your section in the stands.
4. Always be ready to play at a moment's notice!
5. If a student needs to use the restroom, they must ask permission from a band director and be escorted by a director, drum major, or parent sponsor.
6. Non-Band Members are NOT allowed in the band section unless given permission by a director.
7. NO FOOD OR DRINK IN UNIFORM (except for water).
8. Uniforms will remain zipped at all times unless given permission by a director.
9. No hats or jewelry while in uniform. Buttons and Bobcat Pride memorabilia are allowed during the game, but must be removed for half time.
10. After the half time performance, meet on the track to play the Fight Song for the team entrance. After that go straight into the stands.
11. No Public Displays of Affection (PDA).
12. No cell phones out during games unless you have permission from a director.

Discipline Plan

Expectations:

1. Always be prepared and on time.
2. Follow directions, without comment, the first time they are given.
3. No hats, gum, food, or drinks allowed in the band hall.
4. Do not do homework during class.
5. No use of cell phones during rehearsals or school hours.
6. Ask for permission to leave your seat.
7. Respect equipment, facilities, and each other.
8. Follow all school rules.

Consequences:

1. Warning
2. Thirty minute detention in Band Hall or lunch detention.
3. Meeting with director(s).
4. Call parents.
5. Meeting with principal and directors.
6. Removal from the band program.

Any behavior that causes severe disruption during a rehearsal or injures another student may immediately receive step 6.

2020-2021 Sunray Band Dates

August

18th (Tuesday) - 4:00-5:00 Woodwind Sectional, 7:00pm-8:00pm Brass/Percussion

25th (Tuesday) - 4:00-5:00 Woodwind Sectional, 7:00pm-8:00pm Brass/Percussion

28th (Friday) - First football game! Sanford Fritch at Home

September

26 (Saturday) - ATSSB Virtual All-State Help Session WTAMU

October

9 (Friday) - Homecoming Football Game against Booker

17 (Saturday) - Panhandle Pre-UIL Marching Festival

24 (Saturday) - High Plains Pre-UIL Marching Festival (Amarillo)

30 (Friday) - Senior Night - Football game against Gruver

31 (Saturday) - UIL REGION MARCHING CONTEST at Dick Bivins Stadium in Amarillo

November

14 (Saturday) - UIL AREA MARCHING CONTEST Lowrey field in Lubbock

December

TBD UIL STATE MARCHING CONTEST

TBD ATSSB All Region Band Auditions - Virtual

12 (Saturday) Tuba Christmas

January

TBD ATSSB All Area Band Auditions

15-16 All-Region Band Clinic/Concert at WTAMU

February

5 (Friday) Middle School Solo & Ensemble Contest at Palo Duro HS

6 (Saturday) High School Solo & Ensemble Contest at WTAMU

10-13 ATSSB All State Band Clinic/Concert

March

9-10 ATSSB Concert/Sight Reading Competition at Panhandle High School

May

29-31 Texas State Solo & Ensemble Contest in Austin

***Because of the new block scheduling we are trying something new with the Tuesday evening rehearsals. We are starting out with section rehearsals. We plan to have a full band clinic on a Tuesday in October. We will have sectionals and or rehearsals every Monday or Tuesday until we are finished with marching contests.

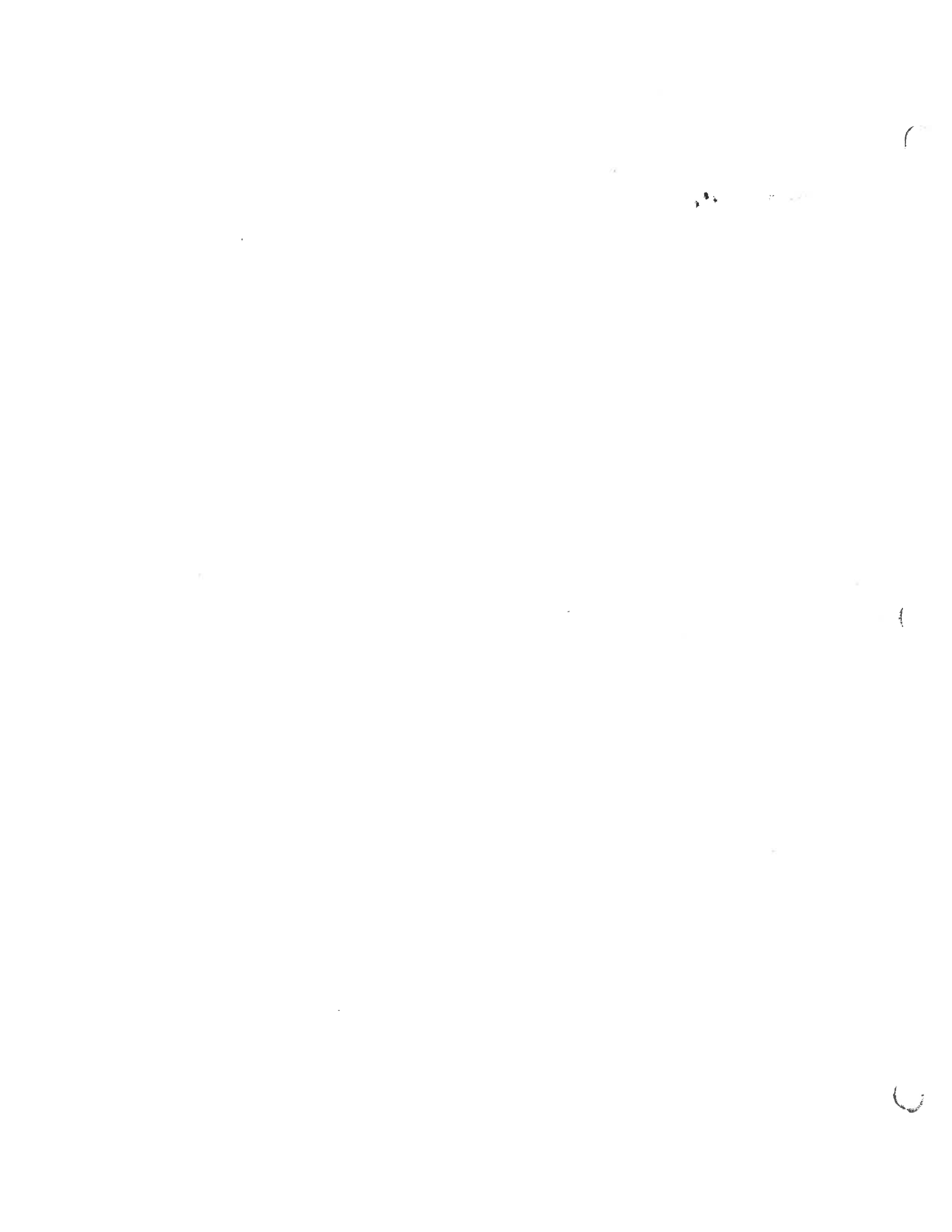
***All Dates and times are subject to change. Please watch the Sunray Band Booster facebook page for any events or schedule changes.

***The band will attend all home and out of town varsity football games.

Please fill out the physical form.

If you are a freshman or if you checked "yes" to **questions 1-6** ~~ANYTHING~~ on the physical form, you MUST go see a doctor to get a physical.

If you are a sophomore, junior, or senior and you checked "no" on everything, you do not need to get an updated physical this year.



PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

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.

<p>1. Have you had a medical illness or injury since your last check up or physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever had prior testing for the heart ordered by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member or relative died of heart problems or of sudden unexpected death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No 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"/> Yes <input type="checkbox"/> No Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a physician ever denied or restricted your participation in activities for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below) _____ Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had numbness or tingling in your arms, hands, legs or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check appropriate box and explain below:</p> <table border="0"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <p>16. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Females Only</i></p> <p>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? _____</p> <p><i>Males Only</i></p> <p>20. Do you have two testicles? _____</p> <p>21. Do you have any testicular swelling or masses? _____</p>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip																	
<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh																	
<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee																	
<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf																	
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle																	
<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot																		

An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

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.

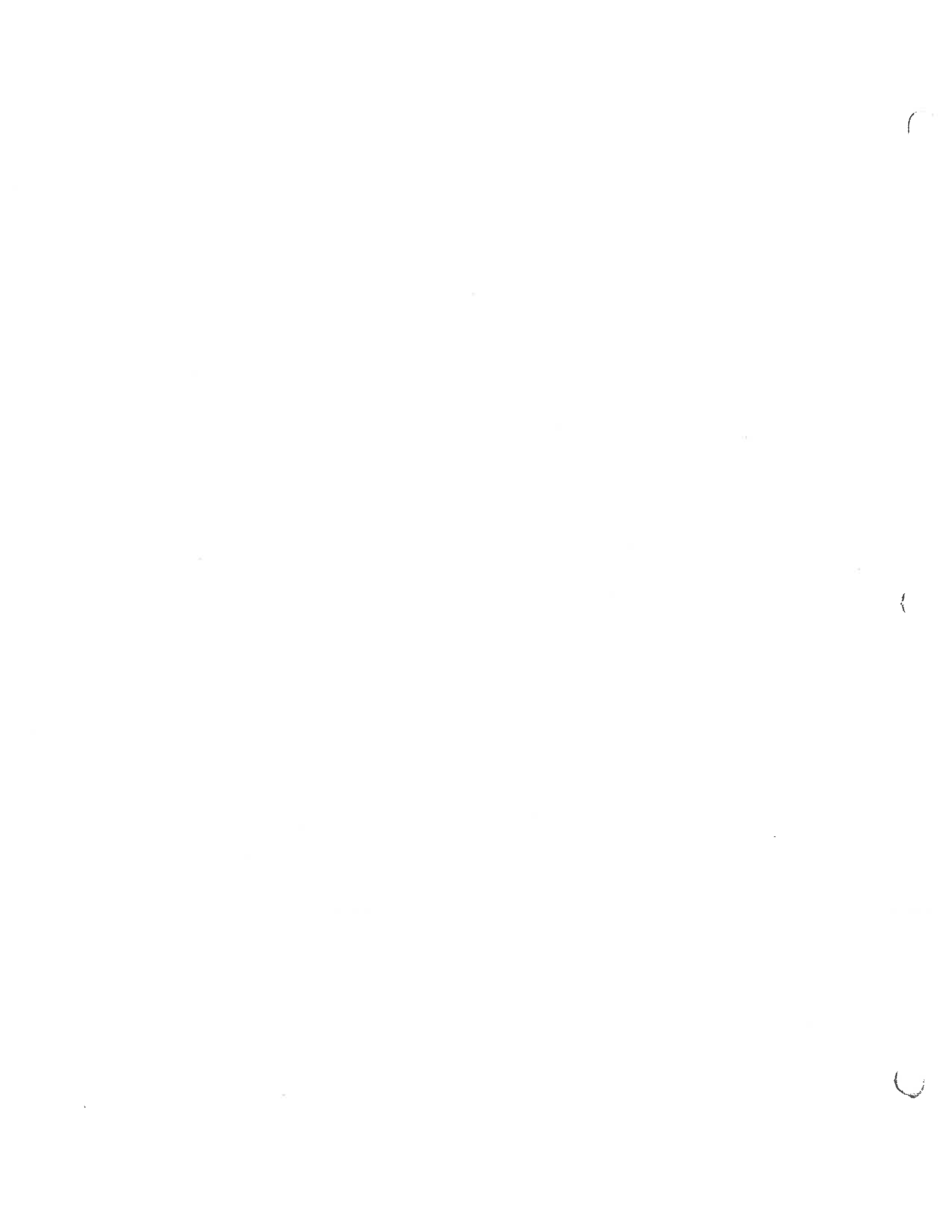
If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

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)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

- Cleared
 - Cleared after completing evaluation/rehabilitation for: _____
 - Not cleared for: _____ Reason: _____
- Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.

Last Name

**Form of Consent to Travel and Medical Treatment
Sunray High School Band**

_____ has my permission to be transported for band functions. If, in the judgement 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 to said student by any physician, trainer, nurse, hospital, EMS personnel 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.

Parent or Legal Guardian

Date

Home Phone Number

Work/Cell Number

Address: _____

Street

City

Zip

Emergency Contact Information:

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Insurance Company: _____

Physician Name: _____

Physician's Phone Number: _____

Are there any health concerns or allergies that we should be aware of?

Is the student taking any medication regularly? If so, please list them here:

Please list any special instructions in case of emergency.

**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 Signature _____ Date _____

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

PLEASE READ AND SIGN BELOW

I have read the Sunray High School Band Handbook and agree to abide by all the policies stated. I realize that it takes cooperation from 100% of the students to make our band a success, and I agree to do my part to help achieve this goal.

Student Signature

Date

Parent Signature

Date

Katherine Nusz

Band Director Signature
Heather Sward

8/13/2020

Date

