



## Welcome!

Congratulations! Your student has made an excellent choice and is now part of the Award-Winning

Royal Blue Regiment!

As we prepare for the post-COVID world, we would like to ensure that each of you, as parents, understand what to expect and welcome your participation to provide an enriching experience for your student throughout their high school career at El Toro.

Our students perform above average academically to their peers, have a heightened sense of belonging and prepare themselves to attend some of the best colleges and universities throughout the country.

RBR offers them a place to belong, participate, compete, lead, and grow.

As parents we try to enable this process by providing our programs the tools and resources needed to ensure success. That's where you come in... Welcome to the El Toro High School Instrumental Music & Pageantry Boosters (Boosters)!

Who are the Boosters...YOU ARE!

Randy Sellke

ETHS IMPB Marching Band Liaison



## Let's Meet the Team:

#### Marching Band Coaching/Instructional Staff:

• Director: Mr. Brandon Miller

o Email: <u>brandon.miller@svusd.org</u>

• Percussion Caption Head and Battery Instructor: Roger Carter

• Front Ensemble Instructor: Tan Hyunh

Color Guard Caption Head: Jessica Patterson

Color Guard Instructor: Thalia Ortega

• Brass Tech: Alexis Winchell

• Visual Tech: **TBD** 

### **Marching Band Student Leadership:**

Drum Major: Rachel Sellke

• Assistant Drum Major: Jhovany Ramirez

• Color Guard Captain: Skylar Paxton

• Color Guard Lieutenant: Jayden Garcia

• Drum Captain: Matt Nogle

• Drum Lieutenant: Abigail Tullius

• Brass Captain: Nathan Huseby

• Brass Lieutenant: Ben Mercado

Woodwind Captain: Michael Brewer

#### **Boosters:**

• Marching Band Liaison: Randy Sellke

o Email: <u>randy.sellke@gmail.com</u>

o Phone: 949-525-3208

• Color Guard Co -Liaisons: Sandra Fletcher & Belinda Dawson

o Sandra Email: <u>seanandsandra@cox.net</u> Phone: (714) 743-3141

o Belinda Dawson: <u>belindadawsono@icloud.com</u> Phone: (310)283-5167

ETHS IMPB President: Maureen Macias

o Email: eltoromusicinfo@gmail.org

o Phone: 949-525-1590



# Where to go to find information?

The primary source of the most up-to-date information is the program website: www.eltoromusic.org.

#### On the website we have:

- RBR Calendar (Add it to your mobile phone with Google Calendar): <a href="https://www.eltoromusic.org/calendar.html">https://www.eltoromusic.org/calendar.html</a>
- Make a Payment: <a href="https://www.eltoromusic.org/donations.html">https://www.eltoromusic.org/donations.html</a>
- Forms: <a href="https://www.eltoromusic.org/forms.html">https://www.eltoromusic.org/forms.html</a>

In addition, receive key notifications via text through the downloadable app Remind:





#### RBR has 2 Remind Accounts:

- \*Students ONLY: text @rbr-21 to 81010
- \*Parents ONLY: text @rbr-parent to 81010

#### Who to Contact?

- Mr. Miller Program questions, student challenges, sensitive information about a student, etc.
- **Drum Major and or Section Leaders** Student questions regarding practice times, music help, tutoring, etc.
- Marching Band Liaison Parent participation, Booster questions, etc.

<sup>\*</sup>quite often, the same information is sent to both accounts.



# What must every student complete prior to start of the season?

Every Student MUST complete the following and turn in the completed forms (prior to, or on) the first day of Band Camp NO EXCEPTIONS... all forms can be found here:

#### https://www.eltoromusic.org/forms.html

- New Parent/Student Information and Order Form
- SVUSD Sports Screening Form
- Uniform Agreement

# What to Expect?

#### **Band Camp**

**Attendance is Required!** It is important to have all forms completed prior to Band Camp. STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT COMPLETED FORMS.

- 1. **Be On Time:** The Posted start time for rehearsals is when rehearsals begin, therefore, students need to arrive early to be ready for rehearsals.
- 2. **Water:** Every student is expected to bring a ½ to 1 gallon, insulated water jug (FILLED) to all rehearsals. There will be frequent water breaks and students will need to hydrate regularly throughout the day.
- 3. **Clothing:** Students should wear loose, breathable, athletic clothing that allows for easy movement...NO JEANS. Every student should wear athletic shoes... NO Skate Shoes, slip-ons, or sandals. Students will be jogging/marching/exercising, and proper shoes will prevent injury.
- 4. **Sunscreen:** Activities will be outdoors. Every student should apply sunscreen prior to rehearsals and have sunscreen to re-apply throughout the day. Students will be perspiring.
- 5. Hat/Sunglasses: We recommend a hat and sunglasses as protection.
- 6. **Dinner:** There will be a 1 Hour Dinner Break. Students should bring their own food or money to purchase food. Meals will not be provided.











## Let's talk finances...Recommended Student Contribution

For the 2021 RBR season we are asking for the following contribution from each student in our program:

- Woodwinds/Brass: \$625.00 RBR Contribution and \$55 For Shoes and Gloves
- Battery/Pit:: \$625.00 RBR Contribution and \$55 For Shoes and Gloves
- Color Guard: \$625 RBR Contribution and \$200 For Color Guard Costumes

Make your Contribution Here: (<a href="https://www.eltoromusic.org/donations.html">https://www.eltoromusic.org/donations.html</a>)

Our program exists through your contributions... SVUSD provides our program with our Music Director and our facilities along with a \$5,000 discretionary budget.

There is a lot that goes into fielding our programs each year.

The El Toro High School Music Boosters manage to scrape together nearly \$100k annually in support of our program.

To have a "world class" program, our parent boosters fund:

- Professional Music Instruction and Coaches
- Uniforms
- Transportation to Events and Competitions
- Logistical Equipment (Trailers, Trucks & Moving Equipment for Instruments and Program Props)
- Purchase of Music
- Sound and Staging Equipment
- Program Props
- Medical Supplies
- Misc. Materials and Tools

Without parent contributions, our program would not exist. Unlike private and charter schools, as a public school, we cannot "require" parents to "pay to play". We can only recommend a fair contribution amount from every student family to help cover the costs of fielding our programs.

It takes the entire program, working together, to successfully fund this activity.



## A final word about finances...

Every year, our program is fortunate to have parents and friends of our program who can afford to contribute above and beyond the recommended donations. These individuals enable our program to thrive as a leading program in the state. We offer two separate programs to help support Music at El Toro High School.

#### If you think that your family or friends can help, please visit:

• Music Angels: <a href="https://www.eltoromusic.org/angels.html">https://www.eltoromusic.org/angels.html</a>

Project Inspire: <a href="https://projectinspire.squarespace.com/">https://projectinspire.squarespace.com/</a>

### **Music Angels:**

Music Angels support the operating budget for our programs. These individuals provide financial assistance to help field all our programs and pay for the direct expenses incurred each year in our programs.

## Last Year's Angels – THANK YOU!

**Director's Circle** (\$1,000 +): Betty Ramsey, Dr. Leif Loberg, The Huseby Family, The Cartwright Family, The Heitman Family, The Nogle Family, The Sellke Family, and the Tekin Family

Conductor Circle (\$800): The Bowen Family

Concert Circle (\$500): The Floyd Family, Robert Kauffman, The Reed family, The Teillet Family

Field Circle (\$300): Cronin Family, Hartman Family, Wynia Family

## **Project Inspire:**

Project INPIRE is the directed effort to attain funding for instrument replacement, equipment and materials needed for music instruction and student performances.

Music Instruments Wear Out...

Depending on the quality level of the instrument, the average life expectancy of an instructional music instrument can range from 2 to 15 years!

Most of the instruments that ETHS ensembles field are well over 15 years old and held together with love (and creative measures).

The variety of creative educational opportunities offered to ET students require a wide variety of instruments. As one of the largest student groups on campus, our ensembles represent a growing need for students of every economic background.

Quality new and used replacement instruments range in price from \$1,000 to \$10,000 each... which this program helps to fund.



## What's Next?

From now until August, please continue working to complete the following:

- New Parent/Student Information and Order Form
- SVUSD Sports Screening Form
- Uniform Agreement

If you are able to, please begin to provide your first contribution.

If you're student is in town and available, it is highly recommended that they attend the July practices which can be found at <a href="https://www.eltoromusic.org/calendar">www.eltoromusic.org/calendar</a>.

As we get into August, the schedule of important dates for the Royal Blue Regiment is as follows:

August 2 – 6: Band Camp Week 1 (1:00pm –	October 1: Football Game #4
9:30pm)	October 2: MVHS Field Tournament
August 9 – 13: Band Camp Week 2 (1:00pm –	October 8: Friday Rehearsal #3 (3:15-7:45pm)
9:30pm)	October 9: Aliso Niguel Tournament
August 3: RBR Parent Meeting (Mandatory)	October 15: Away Game vs. Capo Valley
7:00pm	October 22: Football Game #6
August 14: RBR Beach Party & Bonfire HB (2:30-	(*8th Grade Band Night)
8:30pm)	October 23: Kennedy Field Tournament
August 20: Friday Rehearsal #1 (3:15-7:45pm)	October 29: Football Game #6 (*Senior Night)
August 25: Mandatory Parent Meeting	October 30: Irvine Field Tournament
(All Ensembles) 6:30pm	November 5: 6th Grade Showcase TBD
August 27: Friday Rehearsal #2 (3:15-7:45pm)	November 5: Friday Rehearsal #4 (3:15-7:45pm)
September 3: Football Game #1	November 6: * Don Lugo Tournament TBD
September 10: Football Game #2	November 12: Friday Rehearsal #5 (3:15-
(Homecoming)	7:45pm)
September 17: Football Game #3	November 13: WBA Championships @Trabuco
September 18/25: *Parent Preview (TBD)	Hills HS
September 24: Football Game vs Tesoro –	November 17: * Bandfest @ ETHS
Home	December 1: * RBR Awards Night @Buffalo
September 29: *RBR Photo Day	Wild Wings

\* Denotes a tentative date/event





# Royal Blue Regiment



# 2021 Parent/Student Information & Order Form

Student Name (print):			Phone Number:	
_	First Name	Last Name		
Student Email:				
Stadent Linuii.				
Parent Name (print): _	First Name	Last Name	Phone Number:	
	That I wante	Last I tuine		
Parent Email:				
Player Contribution:				
☐ Full Amount	of \$625			
	n: Band Camp \$30	RBR Expense I	\$200 RBR Expen	se II \$125
•	•	•	•	
Payment Type:	☐ Cash ☐ Chec	ck (Payable to ETHS IMP	B) Credit Card / V	Vebsite
☐ Color Guard	Costume of \$200 (Col	or Guard Only)		
☐ Shoes (Music	<u>cian Only)</u> - \$50	Shoe Size:		
	•	er-issued, pre-owned sh		
_		hoes/does not need to or	_	
•	•			
	Bands (Musician Only	<del>_</del>		
*gloves for bra	ss & woodwind	*wrist band for drumline		
$\square$ My st	tudent already owns g	loves/wristbands and do	es not need to order	
Please select your volu	inteer interest(s):			
☐ Chaperone	☐ Prop Buildin	g Competition I	Day Floor Helper 🔲 Ch	aperone
•	Food Baking/Coo		_	☐ Uniform
☐ Pulling Trail	_	_	_	☐ Sewing
☐ Newspaper/	_	_		-
		(ETHS IMPB Board Use)		
Paid	Date Received	Amount	Cash Check CC	Website



addleback Valley	Saddleback Valley Unified School District
Inited School District	Saddieback valley Chilled School District

Dato	of Exam:		
Date	or exam:		

## PREPARTICIPATION SPORTS SCREENING EVALUATION

Sex:   Age:   Date of Birth:   Grade:   Sport(s):   Address:   Zip Code   Phone:   Personal Physician:   In case of emergency, contact:   Relationship:   Phone (W):   Phone	Complete this Parent History Form Prior to the Physical Screening				
Grade: School: Sport(s): Sport(s): Sip Code Phone: Personal Physician: In case of emergency, contact:  Name: Phone (H): Phone (C): Phone (W): Explain "Yes" answers below. Circle questions you don't know the answers to.  GENERAL QUESTIONS STATE OF THE COLOR OF THE C	Name:	Sex: Age: Date of Birth:			
Personal Physician:	Grade: School:				
Personal Physician:		Zin Code Phone:			
Name					
Name:	,				
Phone (H);		D 1 (* 1 *			
Explain "Yes" answers below. Circle questions you don't know the answers to.		_			
Section   Sect	Phone (H):Phone (C	C):Phone (W):			
1. Has a doctor ever denied or restricted your participation in sports for any reason? 2. Do you have an ongoing medical condition (like diabetes or asthma)? 3. Are you currently taking any prescription or nonprescription foverthe counterly medicines or pills? 4. Do you have allorgies to medicines, pollens, foods, or stingling insects? 5. Have you ever passed out or nearly passed out DIBRING exercise? 6. Have you ever passed out or nearly passed out of passed out or nearly passed out or mearly passed out or nearly passed out or nearly passed out or mearly passed out or nearly possed nearly problems or of sadden death before age 50?  10. Has anyone in your family died for no apparent reason?  11. Has anyone in your family died for no apparent reason?  12. Has you never had a numbness, tingling or or nearly passed out or nearly passed out or nearly passed nea	Explain "Yes" answers below. Circle questions y	you don't know the answers to.			
any reason?  2. Do you have an ongoing medical condition (like diabetes or asthma)?  3. Are you currently taking any prescription or nonprescription (overthe counter) medicines or pills?  4. Do you have an elligries to medicines, pollens, foots, or stinging insects?  5. Have you ever passed out or nearly passed out <u>DIURING</u> evervise?  6. Have you ever passed out or or nearly passed out <u>DIURING</u> evervise?  7. Have you ever had discomfort, pain, or pressure in your chest during exercise?  8. Does your heart race or skip beats during exercise?  8. Does your heart race or skip beats during exercise?  9. Has a doctor ever told you that you have (check all that apply):    High holesterol   A heart intention   A heart infection     10. Has a doctor ever ordered a test for your heart?   (for example: EGG, echocardigarum)     11. Has any family member or relative died of heart problems or dislocated with the problems of sudden death before age 50?  12. Does anyone in your family have heart problems or dislocated with the problems or dislocated points? If yes, circle below:  17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinist that caused you to miss a practice or game? If yes, circle affected area below:  18. Have you had infectious mononucleosis (mono) within the last and injury or concussion?  19. Las any one there and an injury or concussion?  20. Have you ever had a stering report heart?  21. Have you ever had a stering report heart?  22. Do you anyone in your family died for no apparent reason?  23. Have you ever had a stering report heart group heart tear, or tendinist that caused you to miss a practice or game? If yes, circle below:  19. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinist that caused you to miss a practice or game? If yes, circle below:  19. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinists that caused you to miss a practice or game? If yes, circle below:  19. Have you had any broken or fractured bo			Yes No		
2. Do you have an one going medical condition (like diabetes or asthma)?  3. Are you currently taking any prescription or nonprescription (overthe counter) medicines or pills?  4. Do you have allergies to medicines, pollens, foods, or stinging insects?  5. Have you ever passed out or nearly passed out DURING exercise?  6. Have you ever passed out or nearly passed out DURING exercise?  7. Have you ever had slocomfort, pain, or pressure in your chest during exercise?  8. Does your heart race or skip beats during exercise?  9. Has a doctor ever told you that you have (check all that opph)?  9. Has a doctor ever told you that you have a fear through the properties of the counter?  10. Has a soldent ever ordered at sets for your heart?  11. Has anyone in your family did off on an apparent reason?  12. Does anyone in your family have a heart problem?  13. Has any family member or relative dided of heart problems or of sudden death before age \$50?  14. Boes anyone in your family did off on a paparent reason?  15. Have you ever had surgery?  16. Have you ever had a surgery?  17. Have you ever had a surgery?  18. Have you ever had a surgery?  19. Have you ever had a surgery?  19. Have you ever had a surgery?  10. Lave you ever had a surgery?  10. Lave you ever had a surgery?  10. Lave you ever had a surgery?  11. Have you ever had a surgery?  12. Lave you ever had a surgery?  13. Have you ever had a surgery?  14. Lave you ever had a surgery?  15. Have you ever had a surgery?  16. Have you have any raishes, pressure sores, or or have headaches with exercise?  17. Have you ever had make any broken or fractured bones or dislocated joints? If yes, circle affect area below:  18. Have you have any raishes, pressure sores, or other skin problems?  19. Boes any family member or relative dided of heart problems or of saiden death before age \$50?  19. Have you ever had a surgery?  10. Lave you ever had surgery?  11. Do you wave protective eyewar, such as goggles or a face shield?  11. Do you wave protective eyewar, such as goggle		, , , , , , , , , , , , , , , , , , ,			
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the counter) medicines or pills?  4. Do you have allergies to medicines pollens, foods, or stinging insects?  5. Have you ever passed out or nearly passed out <u>DURING</u> exercise?  6. Have you ever passed out or nearly passed out <u>AFTER</u> exercise?  7. Have you ever passed out or nearly passed out <u>AFTER</u> exercise?  8. Booes your heart race or skip beats during exercise?  8. Booes your heart race or skip beats during exercise?  9. Has a doctor ever told you that you have (check all that apply):  10. Has a doctor ever ordered a test for your heart nearly a heart infection.  11. Has anyour ever had a heart problems or of sudden death before age 50?  12. Does anyone in your family have a heart problems or of sudden death before age 50?  13. Have you ever had a mightly make Marfan syndrome?  14. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis that caused you to miss a practice or game? If yes, circle affected are below:  17. Have you ever had an injury, like a sprain, muscle or game? If yes, circle affected are below:  18. Have you have had any problem or fractured bones or dislocated joints? If yes, circle affected are below:  19. Have you ever had an injury, like a sprain, muscle or game? If yes, circle affected are below:  19. Have you have had any problem or fractured bones or dislocated joints? If yes, circle affected are below:  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or cructured.  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or cructured.  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or cructured.  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or cructured.  20. Do you regularly use a brace		27. Were you born without or are you missing a kidney, an eye, a			
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6. Have you ever passed out or nearly passed out AFTER exercise?  7. Have you ever had discomfort, pain, or pressure in your chest during exercise?  8. Does your heart race or skip beats during exercise?  9. Has a doctor ever told you that you have (check all that apply):    High blood pressure   A heart murmur   A heart murmu		monan.			
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12. Does anyone in your family have a heart problem? 13. Has any family member or relative died of heart problems or of sudden death before age 50? 14. Does anyone in your family have Marfan syndrome? 15. Have you ever spent the night in a hospital? 16. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis that caused you to miss a practice or game? If yes, circle affected area below: 17. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: 19. Have you had any broken or fractured bones or dislocated joints? If surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below: 19. Have you had any broken or fractured bones or dislocated joints? If surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below: 19. Have you had any broken or fractured bones or dislocated joints? If surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below: 19. Have you had any broken or fractured bones or dislocated joints? If surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below: 19. Have you have you dever had a stress fracture? 20. Have you ever had a stress fracture? 21. Have you been told that you have or have you had an x ray for atlantoaxial (neck) instability? 22. Do you regularly use a brace or assistive device? 23. Has a doctor ever told you that you have asthma or allergies? 24. No you were specificated in the heat, do you have severe muscle cramps or become ill? 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? 39. Have you had any problems with your eyes or vision? 41. Do you wear glasses or contact lenses? 41. Do you wear glasses or contact lenses? 42. Are you thappy with your weight? 43. Are you thappy with your weight? 44. Has any	(for example: ECG, echocardiogram)	36. Have you ever been unable to move your arms or legs after			
13. Has any family member or relative died of heart problems or of sudden death before age 50?  14. Does anyone in your family have Marfan syndrome?  15. Have you ever spent the night in a hospital?  16. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis that caused you to miss a practice or game? If yes, circle affected area below:  17. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  19. Have you had abone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below:  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below:  20. Have you been told that you have or have you had an x ray for atlantowaid (neck) instability?  21. Have you been told that you have or have you had an x ray for atlantowaid (neck) instability?  22. Do you crugularly use a brace or assistive device?  23. Has a doctor told you that you at a doctor or sickle cell disease?  38. Has a doctor told you that you have or new jour family has sickle cell trait or sickle cell disease?  39. Have you had any problems with your eyes or vision?  40. Do you wear plases or contact lenses?  41. Do you wear plases or contact lenses?  41. Do you wear plases or contact lenses?  42. Are you happy with your weight?  43. Are you trying to gain or lose weight?  44. Has anyone recommended you change your weight or eating habits?  45. Do you limit or carefully control what you wad like to discuss with a doctor?  FEMALES ONLY  47. Have you ever had a menstrual period?  48. How old were you when you had your first menstrual period?  49. Do you wear plases or contact lenses?  40. Do you wear plases or contact lenses?  41. Do you wear plases or contact lenses?  42. Do you trying to gain or lose weig		being hit or falling?			
sudden death before age 50?  14. Does anyone in your family have Marfan syndrome?  15. Have you ever spent the night in a hospital?  16. Have you ever spent the night in a hospital?  17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis that caused you to miss a practice or game? If yes, circle affected area below:  18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below:  19. Have you bad a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below:  19. Have you had a stress fracture?  10. Do you wear protective eyewear, such as goggles or a face shield?  42. Are you happy with your weight?  43. Are you trying to gain or lose weight?  44. Has anyone recommended you change your weight or eating habits?  46. Do you have any concerns that you would like to discuss with a doctor?  FEMALES ONLY  47. Have you ever had a menstrual period?  48. How old were you when you had your first menstrual period?  48. How old were you when you had your first menstrual period?  49. How many periods have you had in the last 12 months?  EXPLAIN "YES" ANSWER HERE   EXPLAIN "YES" ANSWER HERE					
15. Have you ever spent the night in a hospital?  17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis that caused you to miss a practice or game? If yes, circle affected area below:  18. Have you had any problems with your eyes or vision?  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below:  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below:  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below:  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below:  20. Have you ever had a stress fracture?  21. Have you ever had a stress fracture?  22. Have you been told that you have or have you had an x ray for atlantoaxial (neck) instability?  22. Do you regularly use a brace or assistive device?  23. Has a doctor ever told you that you have asthma or allergies?  24. Do you cough, wheeze, or have difficulty breathing during or after					
15. Have you ever spent the night in a hospital?  16. Have you ever had surgery?  17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis that caused you to miss a practice or game? If yes, circle affected area below:  18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  19. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below:  19. Have you be below:  19. Have you below to did that you have or have you had an x ray for atlantoaxial (neck) instability?  20. Have you ever had a stress fracture?  21. Have you been told that you have or have you had an x ray for atlantoaxial (neck) instability?  22. Do you regularly use a brace or assistive device?  23. Has a doctor ever told you that you have asthma or allergies?  24. Do you cough, wheeze, or have difficulty breathing during or after	14. Does anyone in your family have Marfan syndrome?				
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17. Have you ever had a lingury, like a sprain, muscle or igament tear, or tendinitis that caused you to miss a practice or game? If yes, circle affected area below:  18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below:  19. Head Neck Shoulder Upper Arm Elbow Forearm Hand/ Fingers Culty Pack Back Hip Thigh Knee Calf/Shin Ankle Foot/ Toes  20. Have you ever had a stress fracture?  21. Have you been told that you have or have you had an x ray for atlantoaxial (neck) instability?  22. Do you regularly use a brace or assistive device?  23. Has a doctor ever told you that you have asthma or allergies?  24. Do you cough, wheeze, or have difficulty breathing during or after	16. Have you ever had surgery?				
affected area below:  18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below:    Head   Neck   Shoulder   Upper Arm   Elbow   Forearm   Hand/Fingers   Chest   Fingers   Chest   Fingers   Chest   Face   Back   Back   Hip   Thigh   Knee   Calf/Shin   Ankle   Foot/Toes					
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below:    Head   Neck   Shoulder   Upper Arm   Elbow   Forearm   Fingers   Chest Fingers   Day on the pack   Back   Hip   Thigh   Knee   Calf/Shin   Ankle   Foot/Toes		111 7 9			
yes, circle below:  19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below:    Head   Neck   Shoulder   Upper Arm   Elbow   Forearm   Hand/ Fingers   Foot/ Toes					
surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below:  Head Neck Shoulder Upper Arm Elbow Forearm Hand/ Upper Lower Back Back Hip Thigh Knee Calf/Shin Ankle Foot/ Toes  20. Have you ever had a stress fracture?  21. Have you been told that you have or have you had an x ray for atlanto-axial (neck) instability?  22. Do you regularly use a brace or assistive device?  23. Has a doctor ever told you that you have asthma or allergies?  24. Do you cough, wheeze, or have difficulty breathing during or after		habits?			
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Head Neck Shoulder Upper Am Elbow Forearm Hand, Upper Am Elbow Forearm Fingers Chest Fingers Pringers					
Back   Back   Rip   Ring   Ring   Ring   Toes	Head Neck Shoulder Opper Arm Elbow Forearm Fingers	Chest FEMALES ONLY			
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23. Has a doctor ever told you that you have asthma or allergies? 24. Do you cough, wheeze, or have difficulty breathing during or after					
24. Do you cough, wheeze, or have difficulty breathing during or after					

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.				
Signature of Athlete	Signature of Parent/Guardian	Date		





## PHYSICAL EXAMINATION FORM

To Be Completed By Physician				
Name:		Date of Birth:		
Height:Weight*% Bod	y Fat (optional)	Pulse BP:/	(/)	
Vision: R 20/ L20/	Corrected: Y N	Pupils: Equal	Unequal	
MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*	
Appearance				
Eyes/ears/nose/throat				
Hearing				
Lymph Nodes				
Heart				
Murmurs				
Pulses				
Lungs				
Abdomen				
Genitourinary (males only	)+			
Skin				
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS*	
Neck				
Back				
Shoulders/Ann				
Elbow/Forearm				
Wrist/Hand/Fingers				
Hip/Thigh				
Knee				
Leg/Ankle				
Foot/Toes				
*Multiple examiners set up only	+Having a third	party present is recommended for the genitou	ringry evamination	
			rinary examination	
Allergies:				
Notes:				
☐ Cleared without restriction ☐ Cleared with recommendations fo ☐ Not Cleared for ☐ All Sports ☐ Recommendations:	Certain Sports:	Reason:		
Name of Physician:				
Address: Phone:				
11441 COO.		I none.		
SIGNATURE OF PHYSICIAN:		Dat	re:	

STAMP IS REQUIRED



# El Toro High School Instrumental Music and Color Guard RBR Musician Uniform Agreement

Your RBR uniform is the property of El Toro High School and is stored and maintained by the band boosters. If a uniform becomes soiled or damaged, please alert an IMPB Board Member. In the event that a student damages his/her uniform, the student/student's family may be financially responsible. Such damage should not occur if the student follows the following guidelines:

- 1. Uniforms are not to be taken off school property unless worn/brought to an official show/competition. You may not take your uniform home.
- 2. No eating or drinking (except water) while in uniform.
- 3. No make-up should be worn while in uniform (to protect the uniform)
- 4. No jewelry of any kind should be worn while in uniform (plugs, piercings, etc.).
- 5. The student must wear the uniform in a respectful manner (e.g., shako forward, jacket and pants zipped).
- 6. Students should not sit on the ground or lean against any dirty surface (especially buses) while in uniform.
- 7. No running in uniform.
- 8. No PDA (public displays of affection) while in uniform. You will be reminded by chaperones if this rule is violated.
- 9. Always hang your uniform in your uniform bag correctly after wearing.
- 10. Do not store anything in your uniform bag other than the uniform. Shako boxes should only contain your shako and gloves.
- 11. NEVER touch plumes, the boosters will issue and collect plumes at the competition site.

By signing this page, I certify that I have read all of the policies Uniform Agreement and agree to abide by them. I understand that failure to conform to these policies may result in disciplinary action, lowered grades, payment to replace damaged uniforms or, in extreme circumstances, dismissal from the program. Please return the bottom half of this document by August 13 2021.

Student Signature	Student Name (Print)	
Parent/Guardian Signature		





#### **Chaperone Duties & Instructions Acknowledgment**

Thank you for volunteering your time for our instrumental music program! Your assistance is appreciated. Below is a set of duties and instructions to follow when chaperoning our students.

- Follow all instructions provided to you by the music director & staff. You are expected to stay with your group of students for the entire event.
- 2. Assist the music director and student leaders by taking roll prior to departure from ETHS, performance sites, any stop-over requiring boarding of the bus, and other times as appropriate or instructed.
- 3. Ensure that students remain seated with arms inside the bus and do not become rowdy.
- 4. While at the event, our students are to be courteous to the other bands at all times. No disruptions, yelling or walking around while the other bands are performing. They are to give the other bands the courtesy that they would expect for themselves.
- 5. When arriving at destinations, students are to remain on the bus until they are instructed otherwise.
- Assist with logistics and other issues at the event site, including the loading, unloading and movement of equipment and props.
- 7. If a disciplinary issue arises with a student, contact the music director immediately.
- 8. If basic first aid is necessary, please contact the First Aid Coordinator on your contact list. Check the medical log for restrictions for that student <u>before administering any medication</u>, and record the administration of any medication in the log. Be on the alert for any allergic reactions.
- Prescription medications taken by students are required to be administered by a parent/chaperone. If
  medication is administered on a school trip, it must be recorded in our medical log, even if it is an overthe-counter medication. In the front of the medical log, there is a list of students with allergies/health
  issues.
- If an emergency occurs, contact the music director immediately for further instructions. If appropriate, dial 911 or notify event security first. If necessary, travel with a music director and student to the hospital.
- 11. The use of foul language, in any form, around our students is unacceptable.
- 12. Refrain from public criticism of individuals, including staff, students, directors, administrators, competitors etc.
- 13. Due to SVUSD insurance guidelines and liability limitations NO SIBLINGS are allowed to travel on the bus with parent chaperones.
- 14. All school and district rules apply on our trips.

#### If you have nothing to do, just ask! We always need plenty of help.

With your assistance, the El Toro Music Program trips will be fun and memorable experiences for students and parents alike! Thank you for giving of yourself to make this a successful program.

## If you have any questions, please contact Maureen Macias (949)525-1590, Barbara Sellke (949) 307-7676

Please detach the form below & sign to indicate that you have read and understand the above duties and instructions and agreed to by abide by them. Please keep this top portion for your reference.

#### I have read and understand the ETHS IMPB Chaperone duties & instructions:

Signature:	Date:	
Your Name (Chaperone):		
Your Student's Name :		
Chaperone cell phone #:		
Chaperone email:		