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Hello PRHS Marching Pride Students and Parents!

Well it's time! It's hard to believe we're in the planning stages for next year's Marching Pride! Academic/musical years seem to fly by so quickly. I'm sure all of you are just as excited as I am to begin a new season of Band! It is with great pleasure I welcome you to the ranks of the largest student organization on campus, the 250+ member "Marching Pride" of Palmetto Ridge.

Enclosed please find the documents we require to be in band at the Ridge. Please be sure all documents are signed and returned by the Mandatory Meeting August 9th at 7pm. We have a permission slip for all PRHS Band Events for 2011-2012, the Photo/Release Waiver and the physical evaluation form from the school district. No student can participate in band without these forms signed!

**2011-2012 Dance Team and Color Guard students** - please know that equipment cannot be ordered for you until the \$100 deposit is made to the PRHS Band Boosters. Please help us expedite the order by turning in these forms and your deposit as soon as possible, thank you! :)

**BAND CAMP/CALENDAR** - A full band camp schedule is attached to this letter and is also available on [www.prhsmarchingpride.org](http://www.prhsmarchingpride.org). The new and improved Band Calendar link will provide all members and parents a clear and immediately updated electronic band calendar to view.

**Band Contracts** - Each band student - Winds/Percussion/Dance/Guard - will receive performance contracts during the summer in the mail, outlining all the performance dates. Please review all these dates and sign the form, to be handed in at the Mandatory Meeting August 9th in the Gymnasium, 7pm.

I look forward to seeing all of you at Band Camp in August! As always, feel free to contact me with any questions at the information found below.

Musically,

Mr. Skip Pardee  
*Director of Bands*  
Palmetto Ridge High School  
[Pardeh@Collier.k12.fl.us](mailto:Pardeh@Collier.k12.fl.us)  
239-377-1160



## 2011-2012 BAND CAMP

August 8th and 9th - Officer's Camp 9am-4pm

August 9th - MANDATORY FULL BAND PARENT/STUDENT MEETING - GYM - 7PM

August 10th - Band Rookie Camp 8am - 12pm

Guard Camp - 8am - 4pm

Dance Camp - 8am - 4pm

Percussion Camp - 8am - 4pm

Officers - 8am - 4pm

UNIFORM FITTING - BAND SENIORS AND JUNIORS - 6-8PM

August 11th - Band Rookie Camp 8am - 12pm

Guard Camp - 8am - 4pm

Dance Camp - 8am - 4pm

Percussion Camp - 8am - 4pm

Officers - 8am - 4pm

UNIFORM FITTING - BAND SOPHOMORES - 6-8PM - BAND ROOM

August 12th - Band Rookie Camp 8am - 12pm

Guard Camp - 8am - 4pm

Dance Camp - 8am - 4pm

Percussion Camp - 8am - 4pm

Officers - 8am - 4pm

UNIFORM FITTING - BAND FRESHMEN - 6-8PM - BAND ROOM

August 15th - FULL BAND CAMP 3PM - 9PM

August 16th - FULL BAND CAMP 3PM - 9PM

August 17th - FULL BAND CAMP 3PM - 9PM

August 18th - FULL BAND CAMP 3PM - 9PM

August 19th - FULL BAND CAMP 3PM - 8PM

**PERFORMANCE** - BEAR STADIUM - 8pm - All Parents/Guests Welcome!

ALL STUDENTS - **Full Band Pizza Party and DJ'd Dance 8:30pm**



## Band Member Directory Information Form

Each band member needs to complete the following form in its entirety. This information allows us send newsletters home, which contains valuable information about upcoming events and updates our band directory. This form can be placed in the metal box in Band Room, mailed to the address at the bottom of the form, or sent via e-mail to: [Pardeh@Collier.k12.fl.us](mailto:Pardeh@Collier.k12.fl.us)

### Please Print Clearly

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ (2011-2012)

Home Telephone # \_\_\_\_\_ #2 \_\_\_\_\_ Birthdate \_\_\_\_\_

Student Cell \_\_\_\_\_ Mother Cell \_\_\_\_\_ Father Cell \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Band Instrument Played \_\_\_\_\_

Auxiliary (check one) Flag Line \_\_\_\_\_ Dance Line \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Address \_\_\_\_\_ Zip \_\_\_\_\_

**(if different from student's)**

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Address \_\_\_\_\_ Zip \_\_\_\_\_

**(if different from student's)**

Student's Email \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Email \_\_\_\_\_

### Please send form to:

PRHS Band Boosters  
Mr. Skip Pardee, Director of Bands  
1655 Victory Lane  
Naples, FL, 34120

# Palmetto Ridge High School Marching Pride 2011-2012



## Student Travel Authorization

### COLLIER COUNTY PUBLIC SCHOOLS

I, the undersigned parent or legal guardian of \_\_\_\_\_,  
Name of Student

grant permission for my child or ward to travel to ALL PRHS Band Activities 2011-2012,  
sponsored by Palmetto Ridge High.

(See Band Calendar for dates and times)

I understand, acknowledge and agree that: The School Board of Collier County, Florida, will provide for reasonable supervision of students within its care and control. The supervision will be consistent with the ages of the students. However, the School Board is not an insurer of the safety of the students nor can it supervise all movements of all students at all times.

In addition, there are certain risks inherent in travel and at the destination. I further understand that an employee or volunteer has no personal liability unless he or she has acted recklessly, wantonly, or intentionally to injure my child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Please print name on this line

**PHOTO-VIDEO-MEDIA RELEASE FORM**

**2011- 2012 SCHOOL YEAR - Palmetto Ridge “Marching Pride”**

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

Student: \_\_\_\_\_  
(Please print name)

Parent/Guardian: \_\_\_\_\_  
(Please print name)

I hereby consent to having my child interviewed, photographed, recorded on audio tape or videotaped by the school district, school or commercial, print or television media for the reporting of programs taking place at

\_\_\_\_\_ School with full knowledge that the end product may appear in print publications, on television, in a video, or on the Internet. The end product may also be used for instructional purposes and/or for public information. I understand that my child, the student named above, may be depicted and or/identified by one or more of the media.

I release The School Board of Collier County, Florida, The School District of Collier County, Florida, \_\_\_\_\_ School and their agents, servants, or employees from any responsibility or liability arising from the use of interviews, photographs, videotapes, sound recordings or other images either of my child or created by my child or others.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

**Part 1. Student Information (to be completed by student or parent)**

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

**Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have any ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

**FEMALES ONLY (optional)**

42. When was your first menstrual period? \_\_\_\_\_  
 43. When was your most recent menstrual period? \_\_\_\_\_  
 44. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 45. How many periods have you had in the last year? \_\_\_\_\_  
 46. What was the longest time between periods in the last year? \_\_\_\_\_

Explain "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_/\_\_\_ ( \_\_\_/\_\_\_, \_\_\_/\_\_\_ )
Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_ F \_\_\_ left: P \_\_\_ F \_\_\_
Visual Acuity: Right 20/\_\_\_ Left 20/\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_ Unequal \_\_\_

Table with 4 columns: FINDINGS, NORMAL, ABNORMAL FINDINGS, INITIALS\*. Rows include MEDICAL (Appearance, Eyes/Ears/Nose/Throat, Lymph Nodes, Heart, Pulses, Lungs, Abdomen, Genitalia (males only), Skin) and MUSCULOSKELETAL (Neck, Back, Shoulder/Arm, Elbow/Forearm, Wrist/Hand, Hip/Thigh, Knee, Leg/Ankle, Foot).

\* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_ Cleared without limitation
Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_ Precautions: \_\_\_\_\_

\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



# Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

**ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)**

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation

Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Precautions: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

*Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.*



## **Welcome to the Marching Pride!**

Here is a quick guide to “Band Camp” August 8th - 19th, 2011. (Please see calendar for specific report times for each section). All Color Guard reports when “Guard” is assigned times. All Dancers report when “Dance” is assigned times. All NEW BAND (winds and percussion) please find “ROOKIE CAMP” times. The FULL BAND (EVERYONE) times are also indicated on the calendar. Band Camp is a great time for everyone, can’t wait to see you all in August!

### **Marching Pride BAND CAMP SURVIVAL KIT EVERYTHING YOU NEED TO “SURVIVE”**

#### **ITEMS TO WEAR:**

- Caps & Hats
- Sunglasses
- Gym Shorts
- Sneakers WITH Socks
- Light colored tee-shirts (bring an extra one just in case)

#### **WHAT NOT TO BRING/WEAR:**

- NO GUM!!!
- NO SODA!!!
- Nothing valuable
- NOTHING DENIM!!!
- No Dairy Items- Milk/Cheese/Mayo
- NO Expensive, Lovely, Beautiful Jewelry
- No Flip Flops – We are not at the Beach!
- No Dark Colors – You are out in the sun. You need to stay COOL!

#### **WHAT TO BRING:**

- WATER, WATER, WATER, WATER - purchase a 2 quart water cooler with handle
- Sunscreen & Bug Repellant: LOTS!!!
- A GREAT ATTITUDE, AN OPEN MIND, AND A SMILING FACE!!!

#### **WHAT TO DO PRIOR TO CAMP:**

- Go to bed early for a good night’s rest
- Shower and/or bathe
- Have a good high protein/carb breakfast

**HAVE A GREAT CAMP!!**