



William B. Travis Tiger Band & Guard

1860 FM359 #103
Richmond, TX 77406

www.travistigerband.org

Registration 2024-2025

Dear Travis Tiger Band Family:

A mandatory registration function for 2024-2025 participation in the Travis Tiger Band & Guard will be held for Parents at the Travis Band Hall on May 18, 2024 during the May Marching Camp. There will be multiple sessions during the day, and it is required that a parent attend. During each session we will go through all phases of the program for 2024-2025 and explain what you need to know. If you are unable to attend your session, please attend one of the other sessions. The registration process is critical for Summer and Fall planning. At the end of the rehearsal, the Directors will present a student performance.

9:00 AM - Incoming Freshmen

10:30 AM - Incoming Sophomores

11:30 PM - Incoming Juniors and Seniors

1:00 PM - Parent Performance

During each session we hope to cover everything you need to know about next year and all the ways each of us can help make the Travis Tiger Band & Guard a positive experience for everyone. Representatives from the major committees of the booster program will speak and will accept registration payment and volunteer signups. One of the things to be covered is an explanation of where funding for the program comes from, and how that money is spent on your Student.

The participation fee structure for 2024-2025 is below. The base fee has been restructured to streamline expenses. Depending on your Student's role in the program, there may be additional costs. Travis Band & Guard fees remain low compared to similar programs.

\$515 - Wind & Percussion (Entire Year)

\$515 - Fall Guard

\$575 - Winter Guard - Junior Varsity

\$725 - Winter Guard - Varsity

Payment plans are available, and it will help operational cash flow greatly in the Fall if fees are paid in full at registration. When fees go unpaid, it directly affects the entire program as those costs remain. If your family is in need of financial help, you can reach out confidentially to the Treasurer or Band Director to explain your situation. To help address this need, we are asking any who wish to help to contribute to a fee scholarship program with their registration.

If you have any questions, please contact the TBBC Treasurer: treasurer@travistigerband.org

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2024 - 2025 Registration - BAND & PERCUSSION

Student Name: _____

Check One

First-Year Student: _____

Student Number: _____

Returning Student: _____

2024/2025 Grade: 9 10 11 12 Sex: M F

Secondary Instrument: _____
(if different)

Primary Instrument: _____

Parent / Guardian Information

Parent / Guardian Information

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Annual Base Fee	Drillbook/Flip Folder/Full Year Masterclasses/Program Clinicians/Tailgate Meals/Marching Uniform Supplies & Maintenance/Transportation & Contest Fees	\$ 515
Uniform Apparel & Accessory Fees	All students are required to have at least one of each of the following standard items: Marching Shoes, Band Dri-Fit T-Shirt, Band Black Shorts, Standard Water Jug and two pair Marching Socks	
	Band Start-Up Bundle - REQUIRED FOR FIRST YEAR STUDENTS <i>Includes one of each required item - \$107</i>	
	Marching Shoes: _____ <i>(whole+half sizes, run small)</i>	Band Dri-Fit T-Shirt: _____ <i>(XS-3XL)</i>
	Band Black Shorts: _____ <i>(XS-3XL)</i>	\$ _____
	Additional / Replacement Items - OPTIONAL FOR ALL STUDENTS	
	Marching Shoes: _____ <i>(whole+half sizes, run small)</i>	Size: _____ \$55 x _____ = \$ _____
	Marching Socks: _____ <i>(whole+half sizes)</i>	Size: _____ \$6 x _____ = \$ _____
	Band Dri-Fit T-Shirt: _____ <i>(XS-3XL)</i>	Size: _____ \$15 x _____ = \$ _____
	Band Black Shorts: _____ <i>(XS-3XL)</i>	Size: _____ \$15 x _____ = \$ _____
	One Gallon Water Jug: _____ <i>(standard)</i>	\$10 x _____ = \$ _____
Percussion Consumables	REQUIRED FOR BOTH BATTERY AND FRONT ENSEMBLE <i>Consumable items not covered by FBISD instrument fee - \$85</i>	\$ _____
YES! I would like to contribute to the Student Fee Scholarship Fund! - Optional <i>This fund provides fee payment assistance for Travis Band & Guard families experiencing financial hardship.</i>		\$ _____

Payment Plans

TOTAL: \$ _____

Plans	Due May 18, 2024	Due July 18, 2024	Due Sept 1, 2024
Option A <i>(payment in full)</i>	\$515*	-	-
Option B <i>(2 payments)</i>	\$315*	\$200	-
Option C <i>(3 payments)</i>	\$160*	\$200	\$155

I agree to make payments according to my selected payment option below and will communicate with the Director(s) and the Booster Treasurer immediately regarding alternate arrangements, should the need arise.

Selected Payment Option: _____

Parent / Guardian Signature: _____

Student Signature: _____

**In addition to any payment toward annual fees, the following items MUST be paid for at Registration Day to ensure adequate funds and time for ordering:*

Uniform apparel and accessories, percussion consumables

Checks should be made payable to THS TBBC / Credit Card

BOOSTER USE ONLY: PD METHOD _____ PD TODAY _____

2024-2025 Registration - GUARD

Student Name: _____

Check One

First-Year Student: _____

Student Number: _____

Returning Student: _____

2024/2025 Grade: 9 10 11 12 Sex: M F

Parent / Guardian Information

Name: _____

Email: _____

Phone: _____

Parent / Guardian Information

Name: _____

Email: _____

Phone: _____

Annual Base Fee	Drillbook/Program Clinicians & Instructors/Tailgate Food/Costumes/Equipment & Flags/Transportation & Contest Fees - Fall Color Guard - \$515; Winter Guard - \$575 (\$725 varsity)	\$ 1090
Uniform Apparel & Accessory Fees	All students are required to have at least one of each of the following items: Jazz Shoes, Black Sneakers, Racerback Tank, Athletic Bottoms, Guard Jacket, Guard Backpack, Standard Water Jug Guard Start-Up Bundle - REQUIRED FOR FIRST YEAR STUDENTS <i>Includes one of each required item - \$215</i>	(Varsity add \$150)
	Shoe Size: _____ (sneakers and jazz shoes, whole+half sizes) Guard Jacket: _____ (XS-4XL - do not size up; order true-to-fit)	\$
	Guard Racerback Tank: _____ (XS-2XL) Guard Athletic Bottoms: _____ (XS-2XL)	\$
	Additional / Replacement Items - OPTIONAL FOR ALL STUDENTS	
	Jazz Shoes (whole+half sizes): Size: _____ \$45 x _____ = _____ \$ Black Sneakers (whole+half sizes): Size: _____ \$18 x _____ = _____ \$ Guard Racerback Tank (XS-2XL): Size: _____ \$17 x _____ = _____ \$ Guard Athletic Bottoms (XS-2XL): Size: _____ \$15 x _____ = _____ \$ Guard Jacket (XS-4XL - do not size up; order true-to-fit): Size: _____ \$70 x _____ = _____ \$ Guard Backpack: \$40 x _____ = _____ \$ One Gallon Water Jug: (standard) \$10 x _____ = _____ \$	
YES! I would like to contribute to the Student Fee Scholarship Fund! - Optional This fund provides fee payment assistance for Travis Band & Guard families experiencing financial hardship.		\$ _____

Payment Plans

TOTAL: \$ _____

Plans	Due May 18, 2024	Due Sep 1, 2024	Due Dec 1, 2024	Due Jan 9, 2025
Option A <i>(payment in full)</i>	\$1090*	-	\$0 / \$150	-
Option B <i>(2 payments)</i>	\$515*	-	\$575 / \$725	-
Option C <i>(4 payments)</i>	\$200*	\$315	\$290 / \$365	\$285 / \$360
Option E <i>(extended)</i>	Apparel at registration; \$200 First Day of Camp July 18; \$150 Sept 1; \$150 Oct 1; \$150 Nov 1; \$150/\$200 Dec 1; \$150 / \$200 Jan 9; \$140 / \$190 Feb 1			

I agree to make payments according to my selected payment option below and will communicate with the Director(s) and the Booster Treasurer immediately regarding alternate arrangements, should the need arise.

Selected Payment Option: _____

Parent / Guardian Signature: _____

Student Signature: _____

Checks should be made payable to THS TBBC / Credit Card

**In addition to any payment toward annual fees, the following items MUST be paid for at Registration Day to ensure adequate funds and time for ordering: Any uniform apparel and accessories*

BOOSTER USE ONLY: PD METHOD _____ PD TODAY _____



Tailgate Meals/Student Medication

Student Name: _____

Tailgate Meals

The parents who volunteer and coordinate all Tailgate meals and food preparation for our students and staff work tirelessly to make sure that every possible food accommodation that can be made is able to be made. To ensure that your student receives the most accurate meal and to provide us with the most up-to-date information please let us know of any food allergies or other accommodation that we can try to provide to help your student.

This will be for ALL Tailgate meals and the student/parent are not allowed to decide which meals they will receive these accommodations for

Please identify below if your student needs any of the accommodations regarding Tailgate meals:

_____ Vegetarian
_____ No Beef
_____ No Chicken
_____ Gluten Free *We will try to make this accommodation if the vendor has options, but this is not always guaranteed*

Known Food Allergies _____
Other _____

Student Medication

Procedure for Student Medication on Band Trips, Football Games, Contests:

If your child takes medicine on a regular basis, their medicines will be administered by THS Tiger Band Chaperones at their usual times while on out-of-town trips for the 2024-2025 school year.

Please send your child's medication to school in a sealed plastic bag labeled with the student's name and include this signed permission slip. All medications MUST be in the original containers and indicate your child's name.

We will have a first aid kit supplied with Advil and Tylenol available for headaches, pain or fever. Please sign the consent form below if you wish this over-the-counter medicine to be available to your child.

I (parent/guardian) _____, consent to my child receiving if necessary for pain or fever, the following items:

Advil

Cough Drops

Tylenol

Cough Syrup

Sudafed

Tums

Benadryl

Pepto Bismol

Other Medications

Medication: _____

Amount to be given: _____

Time(s) to be given: _____

Reason for medication: _____

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Fort Bend ISD
Emergency Contact Form
High School Band & Dance



Student's Name: _____

Student ID: _____ Campus: _____

Date of Birth: _____ Age: _____ Grade: _____

Home Address: _____

City: _____ Zip: _____ Home Phone #: _____

Physician: _____ Office Phone #: _____

Allergies:

Yes No List: _____

Medications:

Yes No List: _____

Medical Health Insurance Coverage:

Yes No

Insurer: _____ Group #: _____ ID #: _____ Phone #: _____

Parent/Guardian 1 Work #: _____ Parent/Guardian 1 Cell #: _____

Place of Employment: _____ Email Address: _____

Parent/Guardian 2 Work #: _____ Parent/Guardian 2 Cell #: _____

Place of Employment: _____ Email Address: _____

Parent/Guardian Permit Waiver:

If, in the judgement of any representative of the schools, the said student should need immediate care and treatment as a result of an 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, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomever on account of such care and treatment of said student.

Student Name (Printed): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

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ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR STUDENT PARTICIPATION IN SCHOOL-SPONSORED TRIP

Student Name: _____

Your child has the opportunity to participate in a school-sponsored trip. Please complete this form to provide the teachers accompanying the students on the trip with information relating to your child.

List any physical limitations (temporary or permanent):

List any current medications (prescribed or over the counter) taken:

List any allergies including reactions to medications, food, insects, and environment:

Name of child's physician: _____ Phone: _____

Insurance company: _____ Phone: _____

Policy Number: _____ Group Number: _____

ACKNOWLEDGEMENT OF RESPONSIBILITY

My signature below indicates that I give my child permission to participate in this activity, to have any medications administered that would normally be given at school, and that I authorize any needed emergency medical treatment. I also acknowledge that I have been informed that Fort Bend Independent School District has immunity from any liability. Transportation will be provided by the district or a commercial carrier.

Parent Signature: _____ Date: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Emergency contact person: _____ Phone No: _____

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**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.

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PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2020

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. **Student will be participating in: ATHLETICS Band/Fine Arts ROTC**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	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.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

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

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
brachial blood pressure while sitting

Vision: R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * **Local district policy may require an annual physical exam.**

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
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: _____ Place Office Stamp Here: _____

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.