



**William B. Travis Tiger Band & Guard**

1860 FM359 #103

Richmond, TX 77406

[www.travistigerband.org](http://www.travistigerband.org)

## Registration 2025 - 2026

Dear Travis Tiger Band Family:

A mandatory registration event for 2025-2026 participation in the Travis Tiger Band & Guard will be held for parents and students at Travis High School on Saturday, May 24, 2025. There will be multiple sessions during the day, and it is required that a parent and their child in the program attend. 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.

**9:00 - 11:00 AM - Incoming Freshmen**

**11:00 AM - 1:00 PM - Incoming Sophomores**

**1:00 - 3:00 PM - Incoming Juniors and Seniors**

**3:00 - 5:00 PM - Color Guard**

During your 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. Students will be fitted for uniforms; representatives from the major committees of the booster program will be available to answer questions; registration payments will be accepted; and volunteer opportunities will be presented.

The participation fee structure for 2025-2026 is below. The base fee has been structured to streamline expenses and Travis Band & Guard fees remain low compared to similar programs. However, depending on your student's role in the program, there may be additional costs.

**\$600 - Wind & Percussion (Entire Year)**

**\$600 - Fall Guard**

**\$600 - Winter Guard - Junior Varsity**

**\$750 - Winter Guard - Varsity**

Payment plans are available; however, 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 assistance, you may reach out confidentially to the Treasurer ([treasurer@travistigerband.org](mailto:treasurer@travistigerband.org)) or Band Director ([Kyle.Baragas@fortbendisd.gov](mailto:Kyle.Baragas@fortbendisd.gov)) to explain your situation. To help address this need, we are asking any who wish and are able to help by contributing to a fee scholarship program with their registration.

Regards,

Directors and Booster Executive Board

*Travis Tiger Band & Guard*

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# 2025 - 2026 Registration - **BAND & PERCUSSION**

Student Name: \_\_\_\_\_

Check One

Student School ID Number: \_\_\_\_\_

First-Year Student: \_\_\_\_\_

2025/2026 Grade: 9 10 11 12 Sex: M F

Returning Student: \_\_\_\_\_

Primary Instrument: \_\_\_\_\_

Secondary Instrument: \_\_\_\_\_  
(if different)

Parent / Guardian Information

Parent / Guardian Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

<b>Annual Base Fee</b>	<i>Drillbook/Flip Folder/Full Year Masterclasses/Program Clinicians/Tailgate Meals/Marching Uniform Supplies &amp; Maintenance/Transportation &amp; Contest Fees</i>	<b>\$ 600</b>
<b>Uniform Apparel &amp; Accessory Fees</b>	<i>All students are required to have <b>at least one</b> of each of the following standard items: Marching Shoes, Band Dri-Fit T-Shirt, Band Black Shorts, Standard Water Jug</i>	
	<b>Band Start-Up Bundle - REQUIRED FOR FIRST YEAR STUDENTS</b> <i>Includes one of each required item - \$95</i>	
	<div>Marching Shoes: _____ (whole+half sizes, run small)</div> <div>Band Dri-Fit T-Shirt: _____ (XS-3XL)</div> <div>Band Black Shorts: _____ (XS-3XL)</div>	
	<b>Additional / Replacement Items - OPTIONAL FOR ALL STUDENTS</b>	
	<div>Marching Shoes: _____ Size: _____ \$55 x _____ = \$ _____ (whole+half sizes, run small)</div> <div>Marching Socks: _____ Size: _____ \$9 x _____ = \$ _____ (whole+half sizes)</div> <div>Band Dri-Fit T-Shirt: _____ Size: _____ \$15 x _____ = \$ _____ (XS-3XL)</div> <div>Band Black Shorts: _____ Size: _____ \$15 x _____ = \$ _____ (XS-3XL)</div> <div>One Gallon Water Jug: _____ \$10 x _____ = \$ _____ (standard)</div>	
<b>Percussion Consumables</b>	<b>REQUIRED FOR BOTH BATTERY AND FRONT ENSEMBLE</b> <i>Consumable items not covered by FBISD instrument fee - \$90</i>	\$ _____
<b>YES! I would like to contribute to the Student Fee Scholarship Fund! - Optional</b> <i>This fund provides fee payment assistance for Travis Band &amp; Guard families experiencing financial hardship.</i>		\$ _____

## Payment Plans

**TOTAL: \$ \_\_\_\_\_**

Plans	Due May 24, 2025	Due July 24, 2025	Due Sept 1, 2025
<b>Option A</b> (payment in full)	\$600*	-	-
<b>Option B</b> (2 payments)	\$300*	\$300	-
<b>Option C</b> (3 payments)	\$200*	\$200	\$200

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:** \_\_\_\_\_

*Make checks payable to THS TBBC*

**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***

**BOOSTER USE ONLY:**

**PAYMENT METHOD:** CHECK / CREDIT CARD

**PAYMENT TODAY:** \_\_\_\_\_

# 2025-2026 Registration - COLOR GUARD

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

2025/2026 Grade: 9 10 11 12 Sex: M F

Check One

First-Year Student: \_\_\_\_\_

Returning Student: \_\_\_\_\_

Parent / Guardian Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent / Guardian Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

<b>Annual Base Fee</b>	<i>Drillbook/Program Clinicians &amp; Instructors/Tailgate Food/Costumes/Equipment &amp; Flags/Transportation &amp; Contest Fees - Fall Color Guard - \$600; Winter Guard - \$600 (\$750 varsity)</i>	<b>\$ 1200</b>	
<b>Uniform Apparel &amp; Accessory Fees</b>	<i>All students are required to have <b>at least one</b> of each of the following items: Jazz Shoes, Black Sneakers, Racerback Tank, Athletic Bottoms, Guard Jacket, Guard Backpack, Standard Water Jug</i>	(Varsity add \$150)	
	<b>Guard Start-Up Bundle - REQUIRED FOR FIRST YEAR STUDENTS</b>		
	<b>Includes one of each required item - \$215</b>		
	Shoe Size: _____ <i>(sneakers and jazz shoes, whole+half sizes)</i> Guard Jacket: _____ <i>(XS-4XL - do not size up; order true-to-fit)</i>	Guard Racerback Tank: _____ <i>(XS-2XL)</i> Guard Athletic Bottoms: _____ <i>(XS-2XL)</i>	<b>\$</b>
	<b>Additional / Replacement Items - OPTIONAL FOR ALL STUDENTS</b>		
	<b>Jazz Shoes (whole+half sizes):</b> Size: _____ \$45 x _____ = <b>Black Sneakers (whole+half sizes):</b> Size: _____ \$18 x _____ = <b>Guard Racerback Tank (XS-2XL):</b> Size: _____ \$17 x _____ = <b>Guard Athletic Bottoms (XS-2XL):</b> Size: _____ \$15 x _____ = <b>Guard Jacket</b> Size: _____ \$70 x _____ = <i>(XS-4XL - do not size up; order true-to-fit)</i> <b>Guard Backpack:</b> \$40 x _____ = <b>One Gallon Water Jug:</b> \$10 x _____ = <i>(standard)</i>	<b>\$</b> <b>\$</b> <b>\$</b> <b>\$</b> <b>\$</b> <b>\$</b> <b>\$</b>	
<b>YES! I would like to contribute to the Student Fee Scholarship Fund! - Optional</b> <i>This fund provides fee payment assistance for Travis Band &amp; Guard families experiencing financial hardship.</i>		<b>\$</b>	

## Payment Plans

**TOTAL: \$** \_\_\_\_\_

Plans	Due May 24, 2025	Due Sep 1, 2025	Due Dec 1, 2025	Due Jan 9, 2026
<b>Option A</b> <i>(payment in full)</i>	\$1200*	-	\$0 / \$150	-
<b>Option B</b> <i>(2 payments)</i>	\$600*	-	\$600 / \$750	-
<b>Option C</b> <i>(4 payments)</i>	\$300*	\$300	\$300 / \$375	\$300 / \$375
<b>Option E</b> <i>(extended)</i>	<b>Apparel at registration; \$200 First Day of Camp July 21;</b> <b>\$175 Sept 1; \$175 Oct 1; \$175 Nov 1; \$175/\$200 Dec 1;</b> <b>\$150 / \$200 Jan 9; \$150 / \$225 Feb 1</b>			

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:** \_\_\_\_\_

*Make checks payable to THS TBBC*

**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***

**BOOSTER USE ONLY:**

**PAYMENT METHOD:** CHECK / CREDIT CARD

**PAYMENT TODAY:** \_\_\_\_\_



## Tailgate Meals

Student Name \_\_\_\_\_ Student School ID# \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

The parents who volunteer and coordinate all tailgate meals and food preparation for our students and staff work tirelessly to make sure that all possible food accommodations\* are made. To ensure that your student receives the most accurate meal accommodation 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 during the 2025/2026 band & guard season.

**\*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 for tailgate meals:

_____ Vegetarian	_____ Gluten Free**
_____ No Beef	_____ No Dairy
_____ No Chicken	_____ No Nuts (pecans, peanuts, cashews, walnuts,
_____ No Pork	_____ Other _____
_____ No Fish/Shellfish	_____

*\*While it is allowed for parents to provide meals to their own students during any event, please email the Tailgate team one week prior to an event if you would like to bring food to share with all students for birthdays or other special occasions. This helps the Tailgate team to adhere to FBISD guidelines in place for child nutrition/dietary needs as well as ensure the safety of all the students as it relates to various allergies.*

*\*\*We will try to make this accommodation if the vendor has options, but this is not always guaranteed.*

Known Food Allergies \_\_\_\_\_

Other \_\_\_\_\_

Questions or Concerns? Email the Tailgate team at [tailgate@travistigerband.org](mailto:tailgate@travistigerband.org).

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## Student Medication

Student Name: \_\_\_\_\_ Student School ID# \_\_\_\_\_

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 2025-2026 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: \_\_\_\_\_

Parent Name (Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Fort Bend ISD

## Emergency Contact Form

### High School Band & Dance



Student Name: \_\_\_\_\_

Student School 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** \_\_\_\_\_ **Student School ID #** \_\_\_\_\_

**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:** \_\_\_\_\_

**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](http://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.

FORT BEND ISD - 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. **Student will be participating in: ATHLETICS BAND/FINE ARTS JROTC**

	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 unexplained 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? _____			<b>Females Only</b> I choose not to provide written information on Question 19 but will discuss with a medical professional: 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? _____		
How severe was each one? (Explain below)			<b>Males Only</b> I choose not to provide written information on Question 20 but will discuss with a medical professional: 20. Are you missing a testicle? _____ Do you have any testicular swelling or masses? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>			
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>			
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"/>			
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
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, SCRIMAGE, 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 ☐ NPupils: ☐ 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*
<b>MEDICAL</b>			
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) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

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 (REQUIRED):**

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.



William B. Travis Tiger Band & Guard

1860 FM359 #103

Richmond, TX 77406

[www.travistigerband.org](http://www.travistigerband.org)

## Sponsorship Commitment Form 2025-26

Dear Travis High School Band & Guard Supporter:

The Travis High School Tiger Band and Guard is already preparing for the 2025-26 Band & Guard Season and we need your support!

Fort Bend ISD provides essentials for the band program, but additional music and marching instruction are needed to hone the students' skills to compete at such a high level. **This year our band is expected to grow in size by 30% but our funding from the district will remain the same.** We also have upfront costs due before we receive the annual district allocation. So we need help from community businesses like you with financial support. The Travis Tiger Band and Guard is the largest student organization on campus.

Sponsorship funds help close the gap and provide new equipment and additional educational and performance opportunities for students. Sponsorship funds help cover a wide variety of additional expenses such as instrument repair, show uniforms, transportation, and more. Your investment benefits students to achieve a higher level of success in academics, behavior, time management, and collaboration – all qualities highly valued by employers like you! **This year, we are in need of a new public address (PA) system for the directors and additional instruments given growth of the program.**

Our band has done very well in the past, including advancing to Finals at the Regional Bands of America competition and our guard has consistently advanced to state. **Our goal this year is to qualify for finals at the UIL Area Marching Contest, achieve Superior ratings during concert season, and progress in the State playoffs for Winter Guard.**

The band program needs the financial support of this community to compete at the highest levels. Therefore, we are reaching for the stars with a goal of **\$25,000** in Corporate and Business Community Sponsorships. Please see the attached sponsorship form for more information. We cannot thank you enough for your generosity!

Sincerely,

Ami Dharia

2025-26 Sponsorship Chair

## STEP 1 - Sponsorship Commitment

Thank you for contributing to the Travis High School Band & Guard Booster Club!

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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

Contact Email: \_\_\_\_\_

## STEP 2 - Please Select Sponsorship Level:

Platinum \$2,500	Diamond \$1,500	Gold \$1,000	Silver \$500	Bronze \$250	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Sponsorship Levels and Benefits

BENEFITS	Platinum \$2500	Diamond \$1500	Gold \$1000	Silver \$500	Bronze \$250	Other
Diamond level + <b>Booth at one of our parent events</b> <b>Advertising announcement at events</b>	●					
Gold level + <b>Logo on Band &amp; Guard Trailer/Truck</b> Full page digital ad in all event programs	●	●				
Silver level + <b>Your flyers at one of our parent events</b> ½ page digital ad in all event programs	●	●	●			
Bronze level + <b>Name on Marching Season T-shirt</b>	●	●	●	●		
Logo on Game Day Stadium Banner	●	●	●	●	●	
Link to your website and logo on our website with sponsorship level	●	●	●	●	●	●
Recognition on our social media	●	●	●	●	●	●



**Notes:**

We are a 501c3 Non-Profit Organization (Tax I.D. 57-1230241), so your donation should be tax deductible.

Sponsorship valid only during band season, and sponsorship contributions will only apply to taxes in the calendar year that it is received.

Food only sponsors will be considered Silver Level sponsors.

**STEP 3 - Email this form to:** [sponsorship@travistigerband.org](mailto:sponsorship@travistigerband.org)

(Required to ensure tax receipt and recognition of level)

You will be contacted by phone or email to discuss the details of your sponsorship submission.

**NOTE: We need company Logos and information to be emailed as soon as possible.**

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**Travis High School Tiger Band & Guard Booster Organization**

1860 FM359 #103  
Richmond, TX 77406

**Forms of payment accepted:**

Check or money order is preferred ; We will arrange to come pick up the check at your convenience.

Electronic payments can be done on an individual basis- please email [sponsorship@travistigerband.org](mailto:sponsorship@travistigerband.org)

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Tax exempt certificate/receipt can be provided upon request.

Sponsorship contributions will only apply to taxes in the year that is received.

Please feel free to contact the Tiger Band & Guard financial contact:  
[treasurer@travistigerband.org](mailto:treasurer@travistigerband.org)



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## Business Sponsor Request 2025-26

We need your help to collect names for potential business sponsors for our Travis Band & Guard. We rely on businesses to help fund our programs and our goal this year is \$25,000. **All students must submit at least two contacts.** Once you submit the names, we will coordinate contacting the businesses.

Parent/Guardian Contact Information:

STUDENT NAME \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Business Information:

Name	Relationship (ie dentist, doctor, family business, merchant)	Contact information (email and/or phone)

How should we contact your business?

☐ Please send the sponsorship packet on my behalf and include me on the email

☐ Please send the sponsorship packet to me and I will send it to the business  
(please include us on your email: [sponsorship@travistigerband.org](mailto:sponsorship@travistigerband.org))



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## THS Band & Guard Parent Survey

Hello Travis Tiger Band & Guard Parents!

It's hard to believe but we are coming to the end of another school year. There were many successful moments and we are excited to help continue that progress as we move into next year. That said, we'd like your feedback. Please complete this five [5] question survey to let us know how we did great and also where we could improve.

1. Please let us know the preferred method of communication by which you would like to receive Band & Guard updates. As well as the frequency. Please check all that apply:

Communication Method	Frequency
<input type="checkbox"/> Band App	<input type="checkbox"/> Daily
<input type="checkbox"/> Facebook	<input type="checkbox"/> Weekly
<input type="checkbox"/> Charms (emails)	<input type="checkbox"/> Bi-Weekly
<input type="checkbox"/> THS Band&Guard website/calendars	<input type="checkbox"/> Monthly
<input type="checkbox"/> Other _____	<input type="checkbox"/> As-Needed

2. List up to three [3] Band & Guard experiences you **enjoyed** this year and would like to see more of?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. List up to three [3] Band & Guard experiences you **disliked** this year and would like to less more of?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. The Travis Band & Guard Parent Booster Club assists the students by raising funds to support additional needs like food for games/contests, transportation to events, additional master instructor classes. This is accomplished through pizza sales, spirit nights, corporate sponsorship solicitation, etc. Please list up to three [3] additional fundraising ideas you'd like to see next year:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

5. Parent volunteers are ALWAYS a plus! Please provide suggestions to increase our parent volunteer pool.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

6. Please provide any additional feedback for the Directors and Band Booster Executive Board.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_