



JMHS Weekly Schedule 5/5- 5/10

Monday: 5/5

- 5:00 pm- 7:00 pm

Brass and Woodwind Mini camp
(Including incoming freshman)

Tuesday: 5/6

- 4:20 pm

Physicals offered after school \$20
(next years juniors need to have a physical)

Wednesday: 5/7

-

Concert Band auditions during class

Thursday: 5/8

-
- 5:00 pm- 8:00 pm

Concert Band auditions during class
Drum Major Auditions

Friday: 5/9

-

Concert Band auditions during class

Saturday: 5/10

- 7:00 am- 1:00 pm

Music in the Parks (Auditorium)

Briana Freitas
Assistant Band Director
briana.freitas@nisd.net

Kevin Tabb
Director of Bands
kevin.tabb@nisd.net
210-397-7227

Daniel Bentley
Assistant Band Director
daniel.bentley@nisd.net



Announcements

- We are looking for volunteers to work our Music in the Parks fundraisers. The Dates are May 3rd, 10th, and 17th. The times are 7am- 2pm. This is an excellent opportunity to get your 2 volunteer obligations so you can go to the band banquet. Here is a link to sign up: <https://forms.gle/k9TGNYFCGXAtfbKm7>
- Band Physicals: Students must get a physical for band every two years. So incoming freshmen and juniors need to get physicals. You can get a physical on campus on May 6th for \$20 (cash only) The physicals will take place after school. However, if you turn in the Northside medical history form to me by May 1st I will put you on the early release form and you can go get your physical during 8th period instead of after school. The form is below
- Band Banquet Tickets are now available. If you have paid all your band fees, you can pick up your ticket. Guest tickets are \$40 cash or check made payable to John Marshall High School.
- **Silent Auction Information**
 - Front Ensemble- Fire Pit Basket: Coordinator
 - Diane Garza (210) 273-3214
 - Sax's - Grill Master Basket: Coordinator Cecilia Hoglund
 - (210) 251- 8074
 - Clarinets- Beach Bum -Fun in the Sun basket: Coordinators
 - Laura Lopez (210) 865- 4881
 - Becky Mix (210) 639-6708
 - Flutes- Camping- Horror Movie basket: Coordinator
 - Janie De La Cruz (210) 788-5255

Briana Freitas
Assistant Band Director
briana.freitas@nisd.net

Kevin Tabb
Director of Bands
kevin.tabb@nisd.net
210-397-7227

Daniel Bentley
Assistant Band Director
daniel.bentley@nisd.net



- Trumpets - Marvel basket: Coordinator
 - Cristina Mohler (830) 290-4223
- Mellophones - Coffee basket: Coordinator
 - Sandra Sharp Sandra.sharp82@gmail.com
 - (210) 875-2367
- Low Brass - Legos basket: Coordinator
 - Cindy Leiva (210) 982-1477
- Color guard - Ice Cream basket: Coordinator
 - Robin Coen (210) 762-9748
- Drumline - Fishing basket: Coordinator
 - Emy Moreno (210) 286-6937
- Executive Board- Buc-ee's Basket: Coordinator
 - Sandra Sharp Sandra.sharp82@gmail.com
 - (210) 875-2367

Briana Freitas
Assistant Band Director
briana.freitas@nisd.net

Kevin Tabb
Director of Bands
kevin.tabb@nisd.net
210-397-7227

Daniel Bentley
Assistant Band Director
daniel.bentley@nisd.net

Marshall High School Fine Arts & Families

Orlando - January 2026

January 15-19, 2026 (4 Nights)



NOTE-ABLE

The background of the slide features a large, faint, circular seal of Marshall High School. The seal is maroon and contains a central crest with a shield and a book. The words "JOHN MARSHALL" are arched across the top, and "HIGH SCHOOL" is arched across the bottom.

Marshall Fine Arts & Families Orlando Program

Marshall Fine Arts & Families Orlando

Program Inclusions Summary

✈ Round-Trip Group Air Tickets (scheduled flights)
San Antonio (SAT) or Austin (AUS) → Orlando (MCO)
Orlando (MCO) → San Antonio (SAT) or Austin (AUS)

non-stop - OR - with a connection (flight details TBD)

🛏 4 Nights at Disney's All-Star Movies Resort

🚌 Charter Bus Transfers locally in Orlando - per the itinerary

🎫 3-Day Single Park Disney (DPA) Ticket w/ Workshop
(workshop for students)

🎫 1-Day 2-Park Park-to-Park Universal Orlando Ticket
Universal Studios & Islands of Adventure

🍴 Twelve (12) Meals
2 × \$60 Disney Dining Cards (6 meals, B/L/D x 2 days)
1 × \$15 Disney Dining Card (1 meal, B x 1 day)
1 × \$50 Amex Gift Card (2 meals, L/D x 1 day)
1 × \$50 Amex Gift Card (3 meals, B/L & Dinner Snack at airport x 1 day)



What's NOT Included

❌ Travel Insurance

We strongly suggest that participants consider purchasing travel insurance. More details upon enrollment.

❌ \$\$ for Souvenirs/Snacks

❌ \$\$ for food purchase at San Antonio (SAT)/AUS Airport (AUS) on departure day to Orlando









❌ Airline baggage fees, if any

❌ Airport transfers to/from San Antonio Airport (SAT) & John Marshall High School

🚌 **Take Note:** If any part of the Marshall HS Fine Arts departs from or returns to Austin Airport (AUS), Note-Able *will* provide charter buses to/from AUS and the Marshall HS Campus



Students/Chaperone/Staff/Families Pricing

Quad	Triple	Double	Single
 4 Per Room	 3 Per Room	 2 Per Room	 1 Per Room
 2 Beds	 2 Beds	 2 Beds	 1 Bed
\$2069.00	\$2099.00	\$2181.00	\$2479.00

****ALL COSTS ARE PER PERSON****

A large, faint, circular watermark of the Marshall High School seal is centered in the background. The seal features a central crest with a book and a torch, surrounded by the text "MARSHALL HIGH SCHOOL" and "1888".

Marshall Fine Arts Orlando Experience *The Itinerary & Setting Expectations*




****Itinerary and sequence are subject to change****



DAY ONE

Thursday, January 15, 2026



-  **Have \$\$ to purchase Food at Airport**
-  **Affix Orange Note-Able bag tags to luggage**
-  **Late Afternoon/Evening flight(s) to Orlando, FL**
non-stop - OR - with a connection (flight specifics TBD)
-  **Upon arrival, meet Note-Able's "*Red-Jacket*"**
 **Orlando Team at Baggage Claim**
-  **Charter Bus - transfer to hotel**
-  **10:30PM+ Check-in to Disney's All-Star Movies Resort - Overnight 1/4**
- Overnight Security at hotel for Marshall (11PM-7AM)**




DAY TWO

Friday, January 16, 2026



 **\$60 Disney Dining Card** for Breakfast at hotel, and Lunch & Dinner at Disney Park

 **Three (3) Day Single Park Disney Ticket**
*upon receiving ticket, **immediately take a photo** of the front & back as well as link it to your MDE App.*

 **Disney Resort Shuttle** w/chaperones to Magic Kingdom, Epcot, Hollywood Studios or Animal Kingdom - *specific park TBD by Director*

 **Disney Resort Shuttle** w/chaperones back to All-Star Movies Resort

Overnight Security at hotel for Marshall (11PM-7AM)

 **Overnight 2/4**




DAY THREE

Saturday, January 17, 2026



 **\$60 Disney Dining Card** for Breakfast at Hotel, and Lunch & Dinner at Disney Park

 **Disney Resort Shuttle** w/chaperones to Magic Kingdom, Epcot, Hollywood Studios or Animal Kingdom - *specific park TBD by Director*

★ **Disney Imagination Campus Workshop**
Workshop TBD (Students)-Date/Time/Location/Schedule TBD

 **Disney Resort Shuttle** w/chaperones back to All-Star Movies Resort

Overnight Security at hotel for Marshall (11PM-7AM)






 **Overnight 3/4**



DAY FOUR

Sunday, January 18, 2026



-  **\$15 Disney Dining Card** for Breakfast at hotel
-  **\$50 Amex Gift Card** for Lunch & Dinner at Universal
-  **Charter Bus** for transfer to Universal Orlando Main Campus
-  **1-Day 2-Park Park-to-Park Universal Orlando Ticket - Universal Studios & Islands of Adventure**
-  **Charter bus** for return transfer to hotel
Typically 30 minutes after parks close

Overnight Security at hotel for Marshall (11PM-7AM)








Overnight 4/4



DAY FIVE

Monday, January 19, 2026







-  **\$50 Amex Gift Card** for Breakfast, Lunch & Dinner Snack (at airport)
-  **Hotel check out**, bring luggage to storage area TBD
-  **Disney Resort Shuttle** w/chaperones to Magic Kingdom, Epcot, Hollywood Studios or Animal Kingdom *specific park TBD by Director*
-  **Disney Resort Shuttle** w/chaperones back to All-Star Movies, get luggage, bring to assigned airport transfer bus
-  **Charter Bus** - transfer to Orlando Airport (MCO)



DAY FIVE

Monday, January 19, 2026 - **continued**



-  Upon drop off at airport, retrieve luggage from coach and gather in the terminal for a pre-flight check-in/TSA briefing facilitated by NTE's "*Red-Jacket*" Orlando Team
- 
-  *Once through TSA, and on the "plane side" of the terminal, per Director's instructions - purchase food/snacks/drink - time permitting*
-  **Late Afternoon/Evening flight(s) to San Antonio (or Austin^{**}) - *non-stop - OR - with a connection* (flight specifics TBD)**

*****more homebound flights information on next slide***

Setting Expectations for Homebound Flights



Efforts will be made to accommodate Marshall Rams on flights into San Antonio (**SAT**) utilizing **either** non-stop **OR** connecting flights.

As of 4/24/25, using Southwest as an example, while their schedule is not yet posted for the Marshall' travel dates, there are **two (2)** MCO-SAT non-stop flights - one at **7:40AM** and the other at **7:35PM** - compared to **six (6)** MCO-AUS non-stop flights throughout the day. **Hence, to maximize the time spent at Disney on the last day, *all or part* of Marshall may be accommodated on flight(s) to Austin (AUS).***



****If that becomes the case*** - NTE will provide a Charter bus from Austin Airport to the Marshall High School Campus

Setting Expectations for Group Air Travel

1. **Ten (10)+** travelers constitutes a **group** for most airlines. A group air block differs greatly from an individual traveler purchasing 1-9 tickets.
2. It is possible that online *individual instant purchase fares*, for up to 9 travelers, are going to cost less than each of the group tickets.
3. On scheduled flights, the larger the group, the **higher** the cost for each ticket. **Flights can include both non-stop & connecting flights.** It is understood that everyone's preference is to be assigned to a non-stop flight.
4. Since group air blocks are secured months in advance, it is common for flight times to change, and/or for the particular flight to be removed from the airline's schedule entirely.
5. If multiple flights are used, expect flight times to be different. Flight groups are assigned by the Director about 8 weeks prior based on the number of seats allotted on each flight. Flight information and assignments will be provided by the Director.

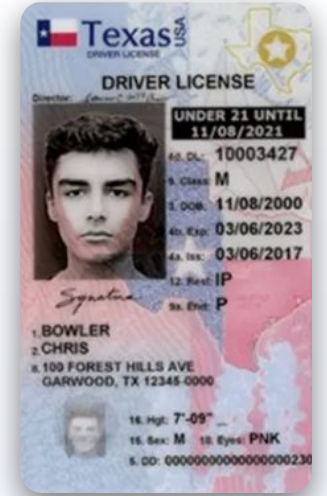
NOTE-ABLE

18 or older? One of the following forms of ID are required to travel per TSA:

- REAL ID Driver's License or other state issued Photo ID (effective May 7, 2025)
- US Passport or Passport Card
- DHS Trusted Traveler Card
- US DOD ID, including IDs issued to dependents

More TSA details can be found here: <https://www.tsa.gov/travel/security-screening/identification>

For those under 18 at the time of travel
AND are NOT turning 18 during the trip,
please be prepared to present your
student photo ID to the airline and TSA



The “My Disney Experience” App Setting Expectations

The “My Disney Experience” (MDE) App was designed by Disney for guests — primarily families with parents & children sharing a room.

Perhaps you are familiar with the MDE app’s functionality & benefits from a previous family trip. Those full array of benefits via the MDE App *are different* for school/youth groups.

Some of the benefits of the MDE App, specifically when it comes to advance planning for Lightning Lane, requires the user to be **18+** and thus are limited for school/youth groups, since the occupants in any given room are individual HS-age students opposed to a family unit with an adult.

More information regarding the MDE App will be provided to the director approximately 3-4 weeks prior to the trip.





The Enrollment Process

ENROLLMENT IS A 2-PART PROCESS

PART 1:

1. Go to note-abletravel.com/mytrip and enter Trip ID **0115MARS** in the grey box
2. Download/read booking instructions and terms and conditions
3. Click “Enter payment platform” to be redirected to the registration and payment platform.
4. Pre-registration: commit to the trip by joining the waitlist for the desired package at NTE’s registration/payment platform

PART 2:

1. Upon Marshall HS Fine Arts & Families reaching the required minimum number of paid participants through pre-registration, receive an invite to complete registration via email from WeTravel. Invites will be sent in the order they were received pending availability.
2. Register/pay the deposit within 48 hours of receiving the invite.



NOTE-ABLE

ENROLLMENT PROCESS

PART 1: STEPS 1, 2 & 3

- 1) Go to NTE's My Trip Page
www.note-abletravel.com/mytrip
- 2) Enter Trip ID **0115MARS** in the grey box
- 3) Download/Read the **Booking Instructions and Terms & Conditions**
- 4) Then "**Enter Payment Platform**" and proceed to begin pre-registration (waitlist commitment)

Trip Enrollment & Payment Platform

Trip ID

Type the Trip ID below and press enter. If you don't have it, please reference the document you received at the parent meeting or contact us at team@note-abletravel.com.

For the best possible booking experience, please use a laptop or a desktop computer

0115MARS

Marshall HS Fine Arts & Families - Orlando - January 15-19, 2026

Please read carefully the **Booking Instructions & Terms and Conditions**.

By clicking below to Enter Payment Platform, I confirm that I have read and agreed to the **Terms and Conditions**.

Click Here To **Enter Payment Platform**

ENROLLMENT PROCESS

PART 1: STEP 4

**NTE's Registration and
Payment platform:**
note-abletravel.wetravel.com

Pre-registration: commit to the trip by joining the waitlist for the desired package at NTE's registration/payment platform

STUDENT PACKAGE (WITHOUT FAMILY MEMBERS)

Available until April 27, 2025 | [Pre-registration](#)

For Students sharing a room with other Students (*not family members*)
Cost per Student in the room is \$2069.00 - Quad Occupancy (4 students in a room with 2 Queen beds: 1 typical Queen & 1 Queen-size table bed)

[Read More](#)

\$2,069

Deposit: \$300

[Join Waitlist](#)

CHAPERONE/FAMILY PACKAGE (QUAD OCC)

Available until April 27, 2025 | [Pre-registration](#)

Chaperone/Family Package - Quad Occupancy (4 guests in a room with 2 Queen beds: 1 typical Queen & 1 Queen-size table bed)
Cost per person in the room is \$2069.00

[Read More](#)

\$2,069

Deposit: \$300

[Join Waitlist](#)

CHAPERONE/FAMILY PACKAGE (TRIPLE OCC)

Available until April 27, 2025 | [Pre-registration](#)

Chaperone/Family Package - Triple Occupancy (3 guests in a room with 2 Queen beds: 1 typical Queen & 1 Queen-size table bed)
Cost per person in the room is \$2089.00

[Read More](#)

\$2,099

Deposit: \$300

[Join Waitlist](#)

CHAPERONE/STAFF/FAM PACKAGE (DOUBLE OCC)

Available until April 27, 2025 | [Pre-registration](#)

Chaperone/Staff/Family Package - Double Occupancy (2 guests in a room with 2 Queen beds: 1 typical Queen & 1 Queen-size table bed)
Cost per person in the room is \$2181.00

[Read More](#)

\$2,181

Deposit: \$300

[Join Waitlist](#)

CHAPERONE/STAFF/FAM PACKAGE (SINGLE OCC)

Available until April 27, 2025 | [Pre-registration](#)

Chaperone/Staff/Family Package - Single Occupancy (1 guest in a room with 1 Queen bed)

\$2,479

Deposit: \$300

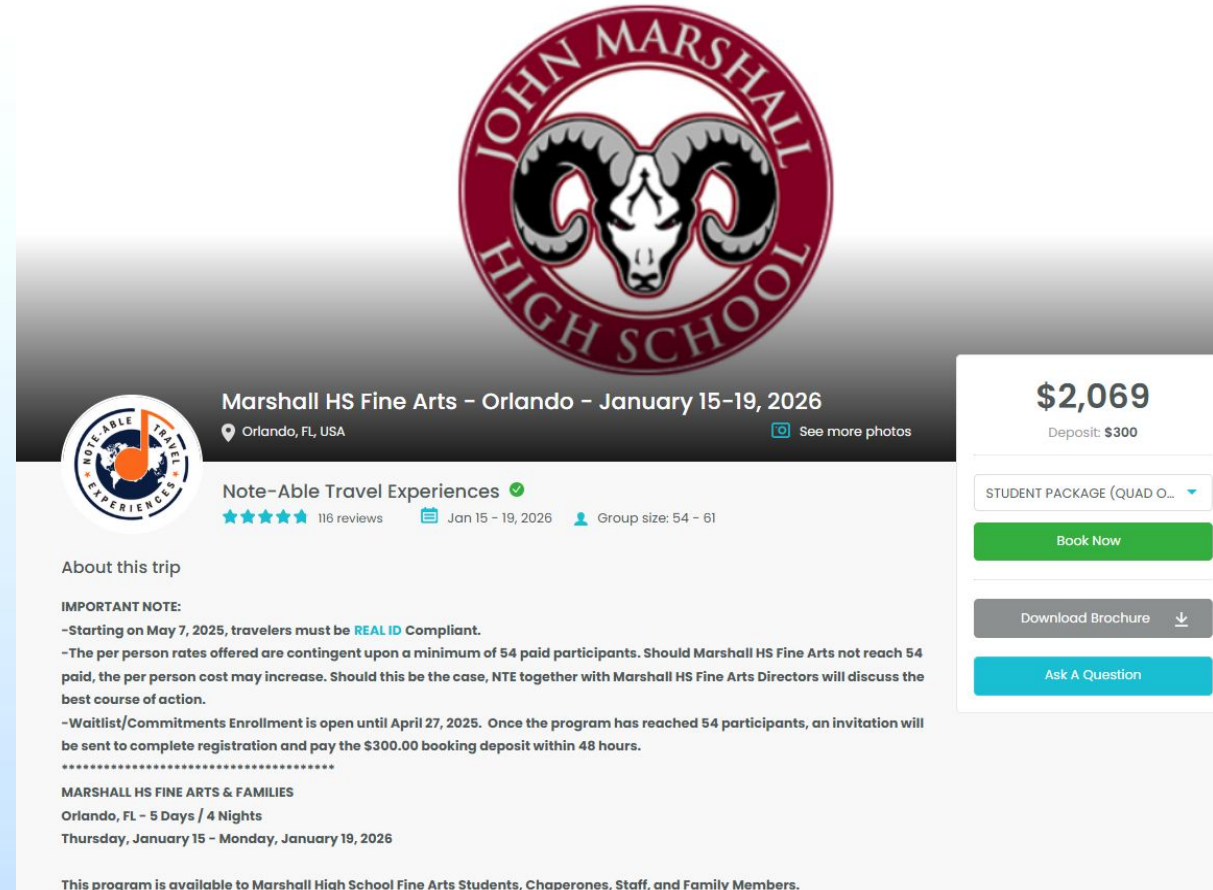
[Join Waitlist](#)

ENROLLMENT PROCESS

PART 2

Upon Marshall Fine Arts & Families reaching the required minimum number of paid participants through the pre-registration, receive an invite via email from WeTravel to complete registration.




Invites will be sent in the order they were received to the email provided (pending availability).



The screenshot displays a WeTravel trip listing for "Marshall HS Fine Arts - Orlando - January 15-19, 2026". The trip is organized by "Note-Able Travel Experiences", which has a 5-star rating from 116 reviews. The location is "Orlando, FL, USA". The total cost is listed as "\$2,069" with a "\$300" deposit. A "STUDENT PACKAGE (QUAD O...)" is available for booking. The page includes a "Book Now" button, a "Download Brochure" button, and an "Ask A Question" button. The "About this trip" section contains an "IMPORTANT NOTE" regarding the minimum number of participants (54) and the booking deposit. The trip details are: "MARSHALL HS FINE ARTS & FAMILIES", "Orlando, FL - 5 Days / 4 Nights", and "Thursday, January 15 - Monday, January 19, 2026". A footer note states: "This program is available to Marshall High School Fine Arts Students, Chaperones, Staff, and Family Members."

JOHN MARSHALL HIGH SCHOOL

Marshall HS Fine Arts - Orlando - January 15-19, 2026
Orlando, FL, USA [See more photos](#)

Note-Able Travel Experiences 
★★★★★ 116 reviews  Jan 15 - 19, 2026  Group size: 54 - 61


About this trip

IMPORTANT NOTE:
-Starting on May 7, 2025, travelers must be **REAL ID** Compliant.
-The per person rates offered are contingent upon a minimum of 54 paid participants. Should Marshall HS Fine Arts not reach 54 paid, the per person cost may increase. Should this be the case, NTE together with Marshall HS Fine Arts Directors will discuss the best course of action.
-Waitlist/Commitments Enrollment is open until April 27, 2025. Once the program has reached 54 participants, an invitation will be sent to complete registration and pay the \$300.00 booking deposit within 48 hours.


MARSHALL HS FINE ARTS & FAMILIES
Orlando, FL - 5 Days / 4 Nights
Thursday, January 15 - Monday, January 19, 2026

This program is available to Marshall High School Fine Arts Students, Chaperones, Staff, and Family Members.

\$2,069
Deposit: \$300

STUDENT PACKAGE (QUAD O... 

[Book Now](#)

[Download Brochure](#) 

[Ask A Question](#)

PRE-REGISTRATION (WAITLIST COMMITMENT) IS NOW OPEN!

SCAN TO BEGIN



0115MARS

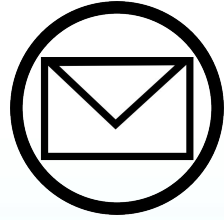
Pre-registration (waitlist commitment) is now open through April 27, 2025.

Once registration/deposit payments begin and the trip is full, a waitlist will be started.

****NTE strongly recommends that participants consider purchasing a travel insurance plan upon booking. A link is provided upon enrollment if you so choose. You are welcome to use a company of your choice.**

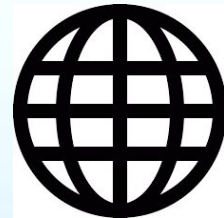
PLEASE NOTE that some insurance benefits are only available when you purchase the insurance plan within 21 days from the date of your initial booking deposit.**

Have a Question?



Email:

team@note-abletravel.com



Website:

www.note-abletravel.com



*When Service,
Excellence &
Attention to
Detail Matters ...
Note-Able Travel
Experiences*

**We look forward to
welcoming the Marshall
HS Fine Arts & Families to
Orlando January 2026!**



NOTE-ABLE

2025-2026 Northside ISD Medical History – BAND

X Student ID # _____

This form must be on file prior to participation in any practice or performance before, during or after school.

Student Name LAST _____ Student Name FIRST _____ Grade 24-25 school year _____ Date of Birth _____
 Student Address (Street, City, Zip Code) _____ Student Phone _____ Age _____ Sex _____
 In case of Emergency contact: _____

Name _____ Relationship _____ Phone _____ Cell Phone _____
 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.

Explain "Yes" answers in the box below**
 Circle questions to which you do not know the answer

	Yes	No		Yes	No
1 Have you had a medical illness or injury since your last check up or sports 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"/>	* If yes, complete both sides of the Asthma Action Form		
3 Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<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 sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during 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 racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<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 been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
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"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
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"/>			
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>			
Has a physician ever denied or restricted your participation in sports for any heart problems?	<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"/>
4 Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<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 diseases?	<input type="checkbox"/>	<input type="checkbox"/>
When was the last concussion?	<input type="checkbox"/>	<input type="checkbox"/>	Females only		
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"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (questions three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner. **EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (Attach additional sheet if necessary)		
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"/>			

Neither the University Interscholastic League nor the high 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 competition, 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

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

Any yes answer to questions, 1, 2, 3, 4, 5 or 6, may require further medical evaluation, which may include a physical exam. The written clearance from a Physician, Physician Assistant, Chiropractor, or Nurse Practitioner is required before any participation in UIL events.

PRE-PARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION - BAND

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			
Appearances			
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/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not cleared for: _____ Reason: _____

Recommendations: _____

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

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

Address: _____

Phone Number: _____

Signature: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE OR PERFORMANCE BEFORE, DURING OR AFTER SCHOOL.

April 8, 2025