

# Baker High School Color Guard 2019-2020

Dear potential Color Guard member,

Thank you for expressing an interest in the Baker High School Color Guard. This letter contains all information needed to try out for the 2019-2020 Color Guard, so hang on to it. First, The BHS Color Guard is a vital part of the Baker High School marching band, and all rules and regulations for the band apply to the Color Guard members. You are a member of the marching band. Second, everyone must try out for the Color Guard. Students who have previously been on the Color Guard must try out again. Third, it is essential that each participant arrives to the tryout process with a good attitude and a willing spirit. These two qualities will make this time more enjoyable for everyone involved.

## Things You need to know and have:

**\*\$15 non-refundable (Cash – No Checks!) try-out fee.** (This is due the 1<sup>st</sup> day of tryouts – Monday April 29<sup>th</sup>)

\*be current of all band fees

\*must not have been suspended during the 2018-19 School year

\*Must have passed all classes during the 2018-19 school year. (No failures or letter grade of “E”)

\*a current physical (before you will be allowed to tryout – form in this packet)

\*1 letter of recommendation from your one of your CURRENT teachers.

**Practices:** These are Mandatory April 29-May 2 (Tryout in front of judges on May 3<sup>rd</sup>)  
5:30pm- 7:30pm

**Tryout:**  
Friday, May 3<sup>rd</sup>  
5:30pm – Until Completed

## Color Guard Auditions:

Auditions will be held in the Baker band room Monday, April 29<sup>th</sup> through Friday, May 3<sup>rd</sup>. Monday through Thursday will consist of learning the audition material (Across the floor combinations, equipment skills/techniques, and a 45 second routine). Friday, applicants will perform in front of a panel of three judges to select the 2019-2020 Color Guard

**\*Applicants are required to attend all five days of auditions. Also, each participant must be current on all band fees, pay a \$15 audition fee; have a recent physical, and one CURRENT teacher recommendation. (All due on Monday, April 29) Applicants are expected to wear appropriate attire (shorts, t-shirt, and tennis shoes). Auditions will be posted on May 3<sup>rd</sup> after auditions.**

**\*\*\*Those who are accepted will need to pay the first Color Guard fee of \$150 on Monday, May 6<sup>th</sup> at uniform fitting. This money is required that evening so we can purchase your equipment and field show uniform.**

Sidney Dedeaux  
Band Director  
Baker High School

Michael Rodden  
Color Guard Instructor  
Baker High School

Michelle Daughenbaugh  
Associate Director  
Baker High School

Greg Puckett  
Associate Director  
Baker High School



# Baker High School

2019-2020

## Color Guard Auditions

### Teacher Evaluation

Color Guard Candidate Name: \_\_\_\_\_

Teacher Recommending: \_\_\_\_\_

Please rate the students on a scale from 0-5 (5 being the highest) on the following characteristics:

|                            |   |   |   |   |   |   |
|----------------------------|---|---|---|---|---|---|
| 1. Attendance/Punctuality: | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Respect of Authority:   | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Respect of Peers:       | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Effort/Quality of Work: | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Honesty and Integrity:  | 0 | 1 | 2 | 3 | 4 | 5 |

Total Point: \_\_\_\_\_

Additional Comments:

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to fill out this evaluation, because it is confidential, please return this form to Mr. Dedeaux's box (band director).

Auditions begin on Monday April 23, 2018 and we would appreciate if we could please have these forms by that day. Thank you!

Extra copies of this form are located in the band room, in the student filing cabinet, next to music library.



**Baker High School  
Marching Band Application  
(Turn in your money and this form)**

**Baker High School  
c/o Sid Dedeaux  
8901 Airport Blvd  
Mobile, AL 36608**

**Check out the web-site: [www.prideofbaker.com](http://www.prideofbaker.com)**

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

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

Home Telephone Number: \_\_\_\_\_

Mom or Dad's Cell \_\_\_\_\_

Your Cell \_\_\_\_\_

Your Email \_\_\_\_\_

Parent's Email \_\_\_\_\_

Instrument you will play during marching season

List one instrument, color guard or dance:

\_\_\_\_\_

Grade you will be going into (2019-2020) \_\_\_\_\_

T-Shirt Size – Your band shirt will be ordered and your spot in the show will be secured when we receive your initial \$100 deposit. Color Guard - \$150(Due May 6, 2019), Dance Team \$200 checks made payable to **Baker High School. Bring it by the band room or mail it to: 8901 Airport Blvd. 36608 c/o Sid Dedeaux. Our next booster meeting is at 6:30pm on May 14, 2019 in the Baker Auditorium. All incoming freshmen are encouraged to attend.**

(Circle)

Small Medium Large X Large XX Large

XXX Large

Parent Signature: \_\_\_\_\_



Instrument: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

**BAKER HIGH SCHOOL BAND  
STUDENT MEDICAL INFORMATION**

Student's Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

Phone: Home \_\_\_\_\_ Work: mom \_\_\_\_\_ Cell mom \_\_\_\_\_

dad \_\_\_\_\_ dad \_\_\_\_\_

student \_\_\_\_\_

parent email \_\_\_\_\_ student email \_\_\_\_\_

Emergency contact (other than parents)

Contact 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Serious Illnesses or Operations: \_\_\_\_\_

Unusual Health Conditions: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Regular Medications Taken: \_\_\_\_\_

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

**PERMISSION FOR MEDICAL TREATMENT**

If emergency treatment is required and parents cannot be reached, what does the parent want the school to do? 1. Contact closest medical facility? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Contact a physician from local referral agency? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Take child to nearest hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Other suggestions \_\_\_\_\_

I give my child permission to receive: \_\_\_\_\_ Tylenol OR \_\_\_\_\_ Ibuprofen for pain

\_\_\_\_\_ Dramamine for nausea

\_\_\_\_\_ Hydrocortisone cream for itching

\_\_\_\_\_ Benadryl for allergic reactions

\_\_\_\_\_ Imodium for diarrhea

**INSURANCE INFORMATION**

Policy Holder: \_\_\_\_\_ Ins. Company Name \_\_\_\_\_

Policy Holder's Birthday \_\_\_\_\_ SS# \_\_\_\_\_

Member Number \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Customer Service Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Witnesses Signature: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

## MEMBERSHIP TRACKER

**This page must be filled out, signed by parents and students, and returned to your section leader before band camp begins.**

The material below will serve as information needed in case of an emergency. This information letter will also serve as a permission form for your son/daughter to participate in band trips or functions with the Baker High School Band during the 2019-2020 school year.

*I have read and understand all the rules and policies of the Baker High School Band Program. I agree to abide by all policies set forth by the band and the school. I understand that breaking any of these rules could result in my dismissal from the Baker High School Band Program.*

Student Name  
(print) \_\_\_\_\_ (sign) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ (PRINT)  
PARENT/GUARDIAN \_\_\_\_\_ (SIGN)

DATE: \_\_\_\_\_

**Front and Back**



ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Preparticipation Physical Evaluation Form  
Revised 2018

Revised 2018

History

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Date of birth \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_  
 Sport \_\_\_\_\_

| Explain "Yes" answers below:   | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Has a doctor ever restricted/denied your participation in sports?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been hospitalized or spent a night in a hospital?<br>Have ever had surgery?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any ongoing medical conditions (like Diabetes or Asthma)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you presently taking any medications or pills (prescription or over-the-counter)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any allergies (medicine, pollens, foods, bees or other stinging insects)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out during or after exercise?<br>Have you ever been dizzy during or after exercise?<br>Have you ever had chest pain or discomfort in your chest during or after exercise?<br>Do you tire more quickly than your friends during exercise?<br>Have you ever had high blood pressure?<br>Have you ever been told that you have a heart murmur, high cholesterol, or heart infection?<br>Have you ever had racing of your heart or skipped heartbeats?<br>Has anyone in your family died of heart problems or a sudden death before age 50?<br>Does anyone in your family have a heart condition?<br>Has a doctor ever ordered a test on your heart (EKG, echocardiogram)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any skin problems (itching, rashes, staph, MRSA, acne)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had a head injury or concussion?<br>Have you ever been knocked out or unconscious?<br>Have you ever had a seizure?<br>Have you ever had a stinger, burner, pinched nerve, or loss of feeling or weakness in your arms or legs?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had heat or muscle cramps?<br>Have you ever been dizzy or passed out in the heat?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have trouble breathing or do you cough during or after activity?<br>Do you take any medications for asthma (for instance, inhalers)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you had any problems with your eyes or vision?<br>Do you wear glasses or contacts or protective eye wear?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you had any other medical problems (infectious mononucleosis, diabetes, infectious diseases, etc.)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you had a medical problem or injury since your last evaluation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been told you have sickle cell trait?<br>Has anyone in your family had sickle cell disease or sickle cell trait?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?<br><input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Forearm <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Ankle<br><input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Finger <input type="checkbox"/> Thigh <input type="checkbox"/> Shin <input type="checkbox"/> Foot                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. When was your first menstrual period? _____<br>When was your last menstrual period? _____<br>What was the longest time between your periods last year? _____   |                          |                          |
| Explain "Yes" answers:<br>_____<br>_____<br>_____  |                          |                          |

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**DUPLICATE AS NEEDED**

# Preparticipation Physical Evaluation

**Rule 1, Sec. 14** — In order for a student to be eligible for interscholastic athletics, there must be on file in the Superintendent's or Principal's office a current physician's statement certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics (Grade s 7-12). The AHSAA Physicians Certificate (Form 5 Rev. 2018) must be used. A physical exam will satisfy the requirement for one calendar year through the end of the month from the date of the exam. For example, a physical given on May 5, 2018, will satisfy the requirement through May 31, 2019.

Student's name \_\_\_\_\_

## Physical Examination

Revised 2018

|          |                   |  |                   |
|----------|-------------------|--|-------------------|
| COMPLETE | LIMITED           | Height _____ Weight _____ BP ____ / ____ Pulse _____ |                   |
|          |                   | Vision R 20 / ____ L 20 / ____ Corrected: Y N        |                   |
|          |                   | Normal   | Abnormal Findings |
|          | Cardiovascular    |  |                   |
|          | Pulses            |  |                   |
|          | Heart             |  |                   |
|          | Lungs             |  |                   |
|          | Skin              |  |                   |
|          | E.N.T.            |  |                   |
|          | Abdominal         |  |                   |
|          | Genitalia (males) |  |                   |
|          | Musculoskeletal   |  |                   |
|          | Neck              |  |                   |
|          | Shoulder          |  |                   |
|          | Elbow             |  |                   |
|          | Wrist             |  |                   |
|          | Hand              |  |                   |
|          | Back              |  |                   |
|          | Knee              |  |                   |
|          | Ankle             |  |                   |
| Foot     |                   |  |                   |
| Other    |                   |  |                   |

Clearance:

A. Cleared

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

C. Not cleared for:  Collision  Contact  Noncontact \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderately strenuous \_\_\_\_\_ Nonstrenuous

Due to: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Name of physician \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, M.D. or D.O.

(Form must be signed and dated by the attending physician.)

# Summer Events Calendar for Color Guard 2019-2020

## IMPORTANT DATES:

|  |  |                             |
|--|--|-----------------------------|
| <b>Color Guard Fitting Day *1<sup>st</sup> payment due (\$150)</b>               | <b>Monday May 6<sup>th</sup> – Mandatory!!!</b>    |                             |
| Color Guard Rehearsal & Fitting  | May 6, 2019  | 5:30-7:30pm                 |
| Band Booster Meeting – Parent & student required                                 | May 14, 2019                                       | 6:30 pm                     |
| (All Students plus Incoming freshman meeting)                                    |  |                             |
| Color Guard Rehearsal  | May 20, 2019                                       | 5:30-7:30pm                 |
| Color Guard Rehearsal  | June 3, 2019                                       | 5:30-7:30pm                 |
| <b>*2<sup>nd</sup> Payment due (\$150)</b>                                       |  |                             |
| Color Guard Rehearsal  | June 17, 2019                                      | 5:30-7:30pm                 |
| Color Guard Rehearsal  | June 24, 2019                                      | 5:30-7:30pm                 |
| Color Guard Rehearsal  | July 1, 2019                                       | 5:30-7:30pm                 |
| <b>COLOR GUARD CAMP MANDATORY</b>  | <b>July 8<sup>th</sup>-12<sup>th</sup></b>         | <b>9:00-5:00pm</b>          |
| <b>*3<sup>rd</sup> Payment Due! (\$150)</b>                                      |  |                             |
| Color Guard Rehearsal  | July 15, 2019                                      | 5:30-7:30pm                 |
| Color Guard Rehearsal (Saturday)   | July 20, 2019                                      | 10:00 - 5:30pm              |
| <b>FULL BAND CAMP MANDATORY for ALL</b>  | <b>July 22<sup>rd</sup> – July 26<sup>th</sup></b> |                             |
|  | <b>(7am-11am, 1pm-4pm, 6pm-8pm)</b>                |                             |
| <b>Parent Night *Final Payment Due (\$150)</b>                                   | <b>July 26<sup>th</sup></b>                        | <b>Parent Meeting @ 6pm</b> |
| <b>School Starts</b>   | <b>August 6<sup>th</sup></b>                       |                             |
| 1 <sup>st</sup> After School Practice Tuesday                                    | August 6 <sup>th</sup>                             | 3pm-5pm                     |
| <b>ALL After School Practices are on Monday, Tuesday and Thursday from 3-5pm</b> |  |                             |

All rehearsals are in the band area or practice field. If we need extra rehearsal we will give you a weeks to let your boss know!