

Go Hornets!!!



BAKER HIGH SCHOOL BAND

**8901 Airport Blvd.
Mobile, AL 36608**

Phone: 251-221-3005

Fax: 251-221-3027

**E-mail:
bakerbandboosters@
yahoo.com**

Directors

**Sidney Dedeaux
Michelle Daughenbaugh
Greg Puckett**

**Band Booster
President**

Mark Becker

Dear Incoming Freshman,

My name is Mr. Dedeaux and I'm the band director at Baker. I am looking forward to having you in the band next year. We are going to have a great time. I'm sure you will make memories next year that you will have for the rest of your life. Let me tell you a little about the program and how you need to get started.

In order to participate, everyone must have a physical (use the form included in this packet—try getting it done at Urgent Care—they are reasonable), and also fill out the medical information included in this packet and turn it in to Mr. Dedeaux in the band office. There is also a calendar and payment schedule included. Marching Band Auditions will be April 29-May 3 from 3:00-5:00pm. The first band fee payment of \$100 (non-refundable) is due on May 14, 2019 and the physical is due by the first day of band camp on July 22, 2019

If you have not done this, please take care of it as soon as possible. All of this information is also available on our web-site at www.prideofbaker.com

Also, students need to bring a case of water and 2 twelve packs of name brand soft drinks. Bring these to the first rehearsal on June 18, 2019 and turn them into your section leader. Please be sure to write your name on your drinks.

Start getting in shape! Get used to the heat and sun by working outside. Mr. Dedeaux will also be offering free lessons this summer.

Our band will rehearse three days a week after school (Monday, Tuesday and Thursday from 3-5pm). We will attend all football games and 3 Saturdays in October for marching contests. Students: If you have a job, please remember to take the band calendar to your place of employment and get your schedule organized for the Fall.

Thanks for all you do and
GO HORNETS!!

Sincerely,

Sidney Dedeaux
Band Director

Michelle Daughenbaugh
Associate Director

Greg Puckett
Associate Director

***DUE May 14th at Booster Meeting**

**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

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. Checks made payable **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 6:00pm 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 _____
 Date of birth _____
 Address _____ Phone _____
 School _____ Grade _____ 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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain or discomfort in your chest during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you tire more quickly than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told that you have a heart murmur, high cholesterol, or heart infection?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died of heart problems or a sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your family have a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
<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		
<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		
17. When was your first menstrual period? _____		
When was your last menstrual period? _____		
What was the longest time between your periods last year? _____		
Explain "Yes" answers:		

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)

Baker Band Spring & Summer Events Calendar 2019

Drum Major Interest Meeting	April 9	3pm until finished
Nominations for Band Council	April 22	
All Student Leader applications due!!!	April 29	
Campaign Week for Band Council	April 29-May 3	
Colorguard Auditions	April 29-May 3	5:30pm-7:30pm
First \$150 Color Guard Payment due		
Drumline and Pit Auditions	April 29-May 3	3pm-5pm
First \$100 Drum Payment due		
Marching Band Auditions	April 29-May 3	3pm-5pm
Dance Team Rehearsal	April 30	3pm-4:30pm
Baker Performance Days during class time	May 2-3	
Solo and Ensemble (@ Spanish Fort MS)	May 4	
Colorguard Uniform Fitting	May 6	5:30pm-7:30pm
Section Leader and Captain Interviews	April 29-May 3	
Dance Team Rehearsal	May 2	3pm-4:30pm
Dance Team Rehearsal	May 6	3pm-4:30pm
Spring Band Concert	May 7 at 6:30 in Auditorium	
Dance Team Rehearsal	May 8	3pm-5pm
Drum Major Auditions	May 8	3:15 until finished
Band Council Voting Day	May 8	
Band Banquet	May 10	6pm @ Christ United Methodist Church
Graduation	May 13 at 5:30pm in Mitchell Center	
Dance Team Rehearsal	May 14	3pm-4:30pm
Orientation for New Members/Parents this Night		
First \$100 Marching Band Installment due (Wind Players)	May 14, 2019 @ 6:30pm in Auditorium	
*\$150 for Incoming Freshmen (Wind Players)		
To secure spot in halftime show		
(Make Checks payable to "Baker High School Band")		
Dance Team Rehearsal	May 16	3pm-4:30pm
1 st Colorguard Rehearsal	May 20	5:30pm-7:30pm
1 st Percussion Rehearsal	May 20	3pm-5pm
Dance Team Rehearsal	May 21	3pm-4:30pm
Dance Team Rehearsal	May 23	3pm-4:30pm
*Last day to have at least \$100 fee	May 24, 2019 (Last Day of School)	
to secure spot in marching show		
<hr/>		
Dance Team Rehearsal	May 28, 29	(TBD)
Drums (Battery and Pit)	June 3	12pm – 5pm
Color Guard Rehearsal		
2nd payment \$150 Guard/\$100 Percussion	June 3	5:30pm-7:30pm
Dance Team Rehearsal	June 3	(TBD)
Wind Players (Brass and Woodwinds)	June 4	1pm-3pm
2nd \$100 band fee installment due	June 4	
(Make Checks payable to "Baker High School Band")		
DTU Dance Camp	June 5-7	OVERNIGHT
Drums (Battery and Pit)	June 17	12pm-5pm
Colorguard Rehearsal	June 17	5:30pm-7:30pm
Wind Players (Brass and Woodwinds)	June 18	1pm-3pm
Colorguard Rehearsal	June 24	5:30pm-7:30pm
Drums (Battery and Pit)	June 24	12pm-5pm

Spring/Summer 2019 calendar continued...

Wind Players (Brass and Woodwinds)	June 25	1pm-3pm
Colorguard Rehearsal	July 1	5:30pm-7:30pm
Drums (Battery and Pit)	July 1	12pm-5pm
Wind Players (Brass and Woodwinds)	July 2	1pm-3pm
Percussion Camp (Battery and Pit) 3 rd \$100 Percussion fee installment due	July 8-12	9am – 5pm
Color Guard Camp 3 rd \$150 Color Guard fee installment due	July 8-12	9am – 5pm
Wind Players (Brass and Woodwinds)	July 9	1pm-3pm
Leadership Camp/Workdays	July 10-12	9am – 5pm
Rookie Camp (All new people unless you are already here for a camp this week)	July 10-12, 15-16	9am – 12pm
Dance Choreography Camp	July 15-19	9am-12pm
Hornet Days (freshmen) – Freshmen Registration (go to bandroom after Hornet Days)	July 17-18 (tentative)	8am – 11pm
Colorguard Rehearsal	July 15	5:30pm-7:30pm
Drums (Battery and Pit) Rehearsal	July 15	12pm-5pm
All Instruments Rehearsal (report to bandroom)	July 15-18	1pm – 4pm
Senior Uniform Fitting	July 15	9am-12pm
Junior Uniform Fitting	July 16	9am-12pm
Sophomore Uniform Fitting	July 17	9am-12pm
Freshman Uniform Fitting	July 18	9am-12pm
Full Band Everyone!! First Full Group Meeting	July 19	9am – finished
Colorguard Rehearsal (Saturday)	July 20	10am-5:30pm
Full Band Camp (Every Band Member)	July 22-July 26	7-11am, 1-4pm, 6-8pm
Senior Band Student Registration	July 23	11:30am
Junior Band Student Registration	July 24	11:30am
Sophomore Band Student Registration	July 25	11:30am
Band Pictures	July 26	7am-11am
Parent Night	July 26	Parent Meeting @ 6pm Show @7pm
Final \$100 band fee due for Winds	August 5	
Final \$150 Color Guard fee due		
Final \$100 Percussion fee due (Make Checks payable to “Baker High School Band”)		
July 29-August 2 No Band!		
School Starts	Aug 6, 2019	
First After School Rehearsal	Aug 6, 2019	3-5

***The Band Practices every Monday, Tuesday and Thursday from 3-5**