

Please fill out the following 6 forms and submit them to the ATB Boosters, Inc., along with your first scheduled band fee payment no later than:

July 20, 2020 for marching band students

September 4, 2020 for concert/symphonic/jazz band students.

This will act as your intent to join the Alcovy Tiger Bands for the 2020 – 2021 school year. Forms may be placed in the booster box in the band room at Alcovy High School or mailed to:

**ATB Boosters, Inc.
P.O. Box 868
Porterdale, GA 30070**

Please DO NOT turn any ATB forms or money into your middle school band director or school office.

ALCOVY TIGER BAND

NAME _____ GRADE IN 2020/2021 _____
BIRTHDATE _____ RETURNING OR NEW _____ MALE OR FEMALE _____
INSTRUMENT: MARCHING _____ CONCERT _____
T-SHIRT SIZE _____ SHORTS SIZE _____ SHOE SIZE _____
ADDRESS _____ CITY/ZIP _____
STUDENT EMAIL _____ STUDENT CELL _____
PARENT 1 NAME _____ PHONE NUMBER _____
EMAIL _____ ALT NUMBER _____
PARENT 2 NAME _____ PHONE NUMBER _____
EMAIL _____ ALT NUMBER _____

RECURRING FIELD TRIP PERMISSION

I grant my child, _____ to go on trips associated with the Alcovy Tiger Band. I relieve the school, the area county boards, the administrators, band director and chaperones of liability for any accidents or injuries that may occur.

Print Parent/Guardian Name Signature of Parent/Guardian Date / /

Band Contract

I, the undersigned student, accept membership in the Alcovy Tiger Band and understand that I am responsible for all the policies as set forth in the Band Handbook including its reading with my parents. I fully agree to carry out my responsibilities to the very best of my ability.

Print Student Name Signature of Student Date / /

I, the undersigned parent or guardian, have read the policies set forth in the Band Handbook. I understand that I am responsible for all the policies as set forth in the Band Handbook. I also grant full permission for my child to be an active member of the Alcovy Tiger Bands. In addition, my child has full permission to attend all band functions. Furthermore, I understand that I must meet all financial obligations.

Print Parent/Guardian Name Signature of Parent/Guardian Date / /

Please check all of the following medical which apply either past or present:

	Epilepsy		Hepatitis		Seizures
	Appendicitis		Tendency to Faint		Stomach or Ulcers
	Colitis		Hearing Defect		Frequent/Severe Headaches
	Hernia		Frequent Earaches		Sudden Weight Change
	Glasses or Contacts		Eating Disorder		Serious Eye Injury
	Speech Difficulty		Tumors/Growth		Kidney/Bladder Problems
	Sinus Problem		Broken Bones		Asthma
	Knee Problems		Shortness of Breath		Foot Trouble
	Heart Murmur		Chronic Skin Disease		Recurring or Chronic Cough
	Heart Disease		Skin Allergy		Arthritis or Joint Problems
	High Blood Pressure		Mumps		Anemia
	Measles		Jaundice		Nervous or Emotional
	Mononucleosis		Hyperventilation		Heat Sensitivity
	Diabetes		Other (Define)		Other Allergies

Please check the following “over the counter” medications that your son / daughter can take on an “as needed” basis. These will be administered as directed by the package unless otherwise directed.

<u>Medication</u>	<u>Yes</u>	<u>No</u>	<u>Medication</u>	<u>Yes</u>	<u>No</u>
Advil			Rubbing Alcohol		
Aleve			Sun Screen		
Aspirin			Aloe Vera		
Benadryl			Anti-Burn		
Cortaid			Contact Solution		
Cough Drops			Cough Syrup		
Dramamine			Insect Bite Anti-Itch		
Eye Drops					
Hydrocortisone Cream					
Ibuprofen					
Imodium AD					
Mylanta					
Neosporin					
Pepcid					
Pepto Bismol					
Peroxide					
Sudafed					
Throat Spray					
Tylenol/Acetaminophen					
Tums					
Zantac			Other		
Rolaids			Other		

In the event of an emergency, I give ATB Boosters, Inc. and /or the Alcovy High School Band Director, Color Guard/Dance instructor, or chaperone permission to obtain medical assistance for _____ while traveling with the Alcovy High School Band & Color Guard, including administering over the counter medication, the student’s prescription medication, or seeking a doctor or hospital treatment if necessary.

Parent or Guardian

_____/_____/_____
Date

Newton County Public Schools

Heat Guidelines for Outdoor Athletics

The following guidelines have been established as safety precautions for athletes participating in any outdoor athletic programs with Newton county Public Schools. They are to be enforced by coaches, administrators, and athletic trainers at all times. A scientifically approved instrument that measures the Wet Bulb Glove Temperature (WBGT) reading must be utilized at each practice to ensure that the written policy is being followed properly. The heat index combines air temperature and relative humidity to determine an apparent temperature – how hot it actually feels. Administrators, coaches, and the athletic trainer will make a decision using the guide below on whether to make modifications for all athletic practices held that afternoon. Coaches will make the necessary modifications and administrators will be notified.

WBGT Reading	Activity and Rest Break Guidelines
Under 82.0	Normal activities – Provide at least 3 separate rest breaks each hour; each rest break is a minimum of 3 minutes
82.0 – 86.9	Use discretion for intense or prolonged exercise; watch at risk players carefully. Provide at least 3 separate rest breaks each hour with a minimum of 4 minutes duration each
87.0 – 89.9	Maximum practice time is 2 hours. Football: players restricted to helmets, shoulder pads, and shorts: all protective equipment must be removed for conditioning activities. For all sports: Provide at least 4 separate rest breaks each hour with a minimum of 4 minutes in duration
90.0 – 92.0	Maximum length of practice is 1 hour, no protective equipment may be worn, and no conditioning activities allowed. There must be 20 min of rest breaks during this hour.
Over 92.1	No outdoor workouts: cancel exercise/delay practices until cooler reading occurs.

GUIDELINES FOR HYDRATION AND REST BREAKS:

1. Rest time should involve unlimited hydration intake (water or electrolyte intake) and rest without any activity involved
2. For Football, helmets should be removed during rest time
3. The site of the rest time is considered the “cooling zone” should be out of direct sunlight
4. When the WBGT reading is over 86.0, ice towels and spray bottles should be provided to aid in the cooling process, and cold immersion tubs should be available during practices in the event of athletes showing signs of heat illness.

Student-athlete safety is our first priority. We encourage coaches and staff to continuously educate our athletes on the importance of proper hydration and the dangers of heat related illness. Student-athletes should carry water with them during the day for hydration on days of practice and games when the weather has the possibility of reaching critical levels in relation to heat and humidity. Please sign to acknowledge you have read our policy.

Athlete Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

STUDENT/PARENT CONCUSSION AWARENESS FORM

SCHOOL: _____

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include, licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

- a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

- b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medial clearance.
- c) It is mandatory that every coach in each GHSA sport participate in a free, online course on concussion management prepared by the NFHS and available at www.nfhslearn.com at least every two years – beginning with the 2013 – 2014 school year.
- d) Each school will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

SIGNED: _____
(Student) (Parent or Guardian)

DATE: _____

I'll Say **Yes** !

To volunteering with the Alcovy Tiger Band

Your student is a part of the ATB family, now it's your turn. The ATB Boosters expect every family to provide at least one volunteer for at least one event during the school season. Concession and chaperone volunteers are able to earn money towards their student's band account! We also have opportunities at band camp, parades, band parties, competitions, uniform organization, etc. There are many opportunities to become a part of the fun. Event opportunities occur throughout the school year. You can sign up on the band website, atbboostersinc@yahoo.com or text Nicole at 770-710-2978 to get started or if you have questions.

- chaperone concessions uniforms camp parades
I can't decide, but I want to be a part

Name _____

Student _____

Email _____

Phone # _____