



Información de la banda de Rancho Mirage High School

Empezar ahora

Visite www.rmhsbands.com/new-members y complete el formulario de inscripción de primer año entrante para que podamos conocerlo. Además, únete al grupo de bandas privadas en Facebook. Busque "Rancho Mirage High School Rattler Regiment "

Enero a junio

Estudiantes elegirán la escuela secundaria que deseen asistir el próximo año.

(Para estudiantes de NNC y JWMS)

¡IMPORTANTE! Su estudiante puede ser enviado a CCHS según el lugar donde viva. Consulte el mapa de límites (adjunto).

SI USTED ESTÁ DENTRO DE LOS LÍMITES DE CCHS, ¡DEBERÁ PRESENTAR UNA SOLICITUD DE TRANSFERENCIA DE ESTUDIANTE CON PSUSD PARA QUE SU ESTUDIANTE ASISTE A RMHS! VISITE WWW.PSUSD.US Y HAGA CLIC EN "DEPARTAMENTOS" y luego en "SERVICIOS DE APOYO ESTUDIANTIL" PARA ENVIAR LA SOLICITUD DE TRASLADO ESTUDIANTIL.

Estudiantes también elegirán clases electivas. ¡Asegúrese de seleccionar "band" como clase electiva!

(Para todos los demás 8 grado estudiantes)

Los estudiantes de otras escuelas intermedias (que no sean NNC o JWMS) deben presentar una solicitud de transferencia con PSUSD para asistir a RMHS. Visite www.psusd.us y haga clic en la pestaña "Departamentos" y luego en la pestaña "Servicios de apoyo estudiantil" para enviar la solicitud de transferencia a partir de enero para el próximo año escolar.

Mayo

¡ÚLTIMA OPORTUNIDAD para enviar una solicitud de transferencia para que su estudiante asista a RMHS el próximo año! Visite WWW.PSUSD.US y HAGA CLIC EN "DEPARTAMENTOS" y luego en "SERVICIOS DE APOYO ESTUDIANTIL" PARA ENVIAR LA SOLICITUD DE TRASLADO ESTUDIANTIL.

MEDICO AUTORIZACIÓN para aquellos que participen en la banda de música el próximo año. El formulario se adjunta a este paquete o visite www.rmhsbands.com para descargar. Visite un centro de atención de urgencia o el médico de atención primaria de su hijo. Los médicos harán un examen físico rápido para asegurarse de que su estudiante esté bien para participar en la banda de música y firmar el formulario. **¡También hay clínicas que se llevan a cabo en el campus de la escuela secundaria por una pequeña tarifa!** Lleve el formulario firmado al director de la banda lo antes posible. Si está programado un campamento de verano para bandas, puede entregar la autorización completada y firmada el primer día del campamento. **ESTO ES OBLIGATORIO.**

Junio

¡FELICIDADES por la promoción de su estudiante a la escuela secundaria y bienvenido a RMHS! ¡Estos próximos cuatro años serán increíbles y estamos emocionados de compartirlos con su estudiante!

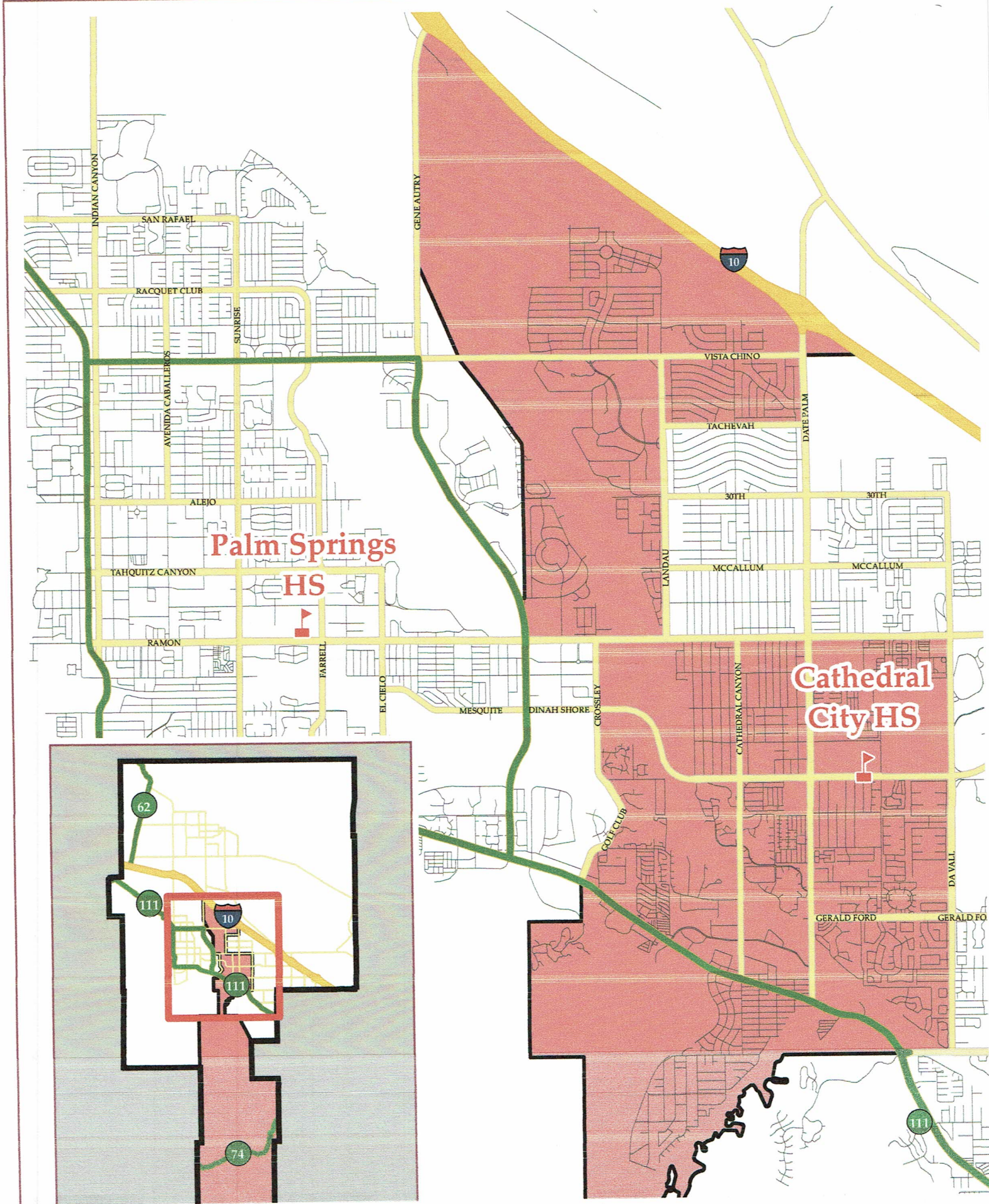
Visite www.rmhsbands.com una vez más para verificar cualquier nuevo detalle o información que necesite saber para el próximo año.

Julio/ Agosto

CAMPAMENTO DE BANDAS DE VERANO - Para aquellos que participan en la **banda de música el próximo año**, un campamento de bandas de verano generalmente ocurre alrededor de julio / agosto en el campus. Este suele ser un campamento de una semana de duración orientado a aprender los fundamentos de la marcha, la música y comenzar a trabajar en el próximo concurso de campo competitivo. **Se les pide a los participantes del campamento de bandas que usen camisetas blancas, pantalones cortos de gimnasia (PE clothes) y zapatos tenis. También traiga protector solar, un sombrero de béisbol, una botella de agua grande, una toalla grande, una carpeta con inserciones de plástico transparente para música e instrumentos (si tiene la suya propia).** Obtenga información sobre el campamento de la banda y las fechas y horarios oficiales uniéndose al grupo privado de Facebook: **Rancho Mirage High School Rattler Regiment** o **contáctenos** en www.rmhsbands.com con su dirección de correo electrónico para que podamos agregarlo a nuestra lista de correo electrónico. Visite www.rmhsbands.com/new-members para completar el formulario de nuevo miembro.

También se debe obtener una **autorización médica** al comienzo del campamento de la banda. El formulario está adjunto a este paquete o puede descargarlo en www.rmhsbands.com.

PALM SPRINGS UNIFIED SCHOOL DISTRICT CURRENT ATTENDANCE BOUNDARY OF CATHEDRAL CITY HS



PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____
- Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

¡Marca tu calendario!

Julio / Agosto



Campamento de banda de marcha de la Rancho Mirage High School

CUÁNDO: julio / agosto (normalmente una semana, durante el día). Únase al grupo privado de Facebook del Regimiento Rattler de Rancho Mirage High School o visite www.rmhsbands.com para confirmar las fechas y horas.

DÓNDE: Rancho Mirage High School Campus, 31001 Rattler Rd, Rancho Mirage, CA 92270 (ver mapa)

QUÉ LLEVAR: botella de agua grande, sombrero, protector solar, toalla grande, instrumento (si tienes el tuyo propio) y una carpeta de tres anillos con inserciones de plástico transparente.

QUÉ PONERSE: camiseta blanca y pantalones cortos de gimnasia (la ropa de educación física está bien) y zapatos tenis cómodos

PREGUNTAS Y MÁS INFORMACIÓN: [envíe un correo electrónico al director de la banda, Dr. Brian McDaniel a \[bmcdaniel@psusd.us\]\(mailto:bmcdaniel@psusd.us\)](mailto:envíe un correo electrónico al director de la banda, Dr. Brian McDaniel a bmcdaniel@psusd.us) o contáctenos en www.rmhsbands.com

