



8th Grader / Incoming Freshman

CHECK LIST & INFO PACKET

■ Start Now

Visit www.rmhsbands.com/new-members and fill out the incoming freshman registration form so we can get to know you! Also, join the private band group on Facebook. Search, "Rancho Mirage High School Rattler Regiment."

■ January through June

8th graders will choose the high school they wish to attend next year.

(For NNC and JWMS students)

IMPORTANT! Your student may be zoned to go to CCHS based on where you live. See the boundary map (attached) or click [Cathedral City High School Boundary](#)

IF YOU ARE ZONED WITHIN CCHS'S BOUNDARY, YOU WILL NEED TO SUBMIT A **STUDENT TRANSFER REQUEST** WITH PSUSD FOR YOUR STUDENT TO ATTEND RMHS! VISIT WWW.PSUSD.US and CLICK ON "DEPARTMENTS" and then "STUDENT SUPPORT SERVICES" TO SUBMIT THE STUDENT TRANSFER REQUEST!

8th graders will also choose elective classes. Be sure to select **band** as an elective class!

(For all other 8th Graders)

8th graders from other middle schools (not NNC or JWMS) must submit a **transfer request** with PSUSD to attend RMHS. Visit www.psusd.us and click on the "Departments" tab and then "Student Support Services" tab to submit the transfer request starting in January for the next school year.

■ May

LAST CHANCE to submit a transfer request for your student to attend RMHS next year! Visit WWW.PSUSD.US and CLICK ON "DEPARTMENTS" and then "STUDENT SUPPORT SERVICES" TO SUBMIT THE STUDENT TRANSFER REQUEST!

ATHLETIC CLEARANCE REQUIRED for those participating in marching band next year. The form is attached to this packet or visit www.rmhsbands.com download. Visit an urgent care or your student's primary care doctor. Doctors will do a quick physical to make sure your student is OK to participate in marching band and sign off on the form. **There's also clinics held at the high school campus for a small fee!** Bring the signed form to the band director ASAP. If summer band camp is scheduled, you can turn in the completed and signed clearance on the first day of camp. **THIS IS MANDATORY.**

■ June

CONGRATULATIONS on your student's promotion to high school and welcome to Rattler Nation! These next four years will be amazing and we're excited to share them with your student!

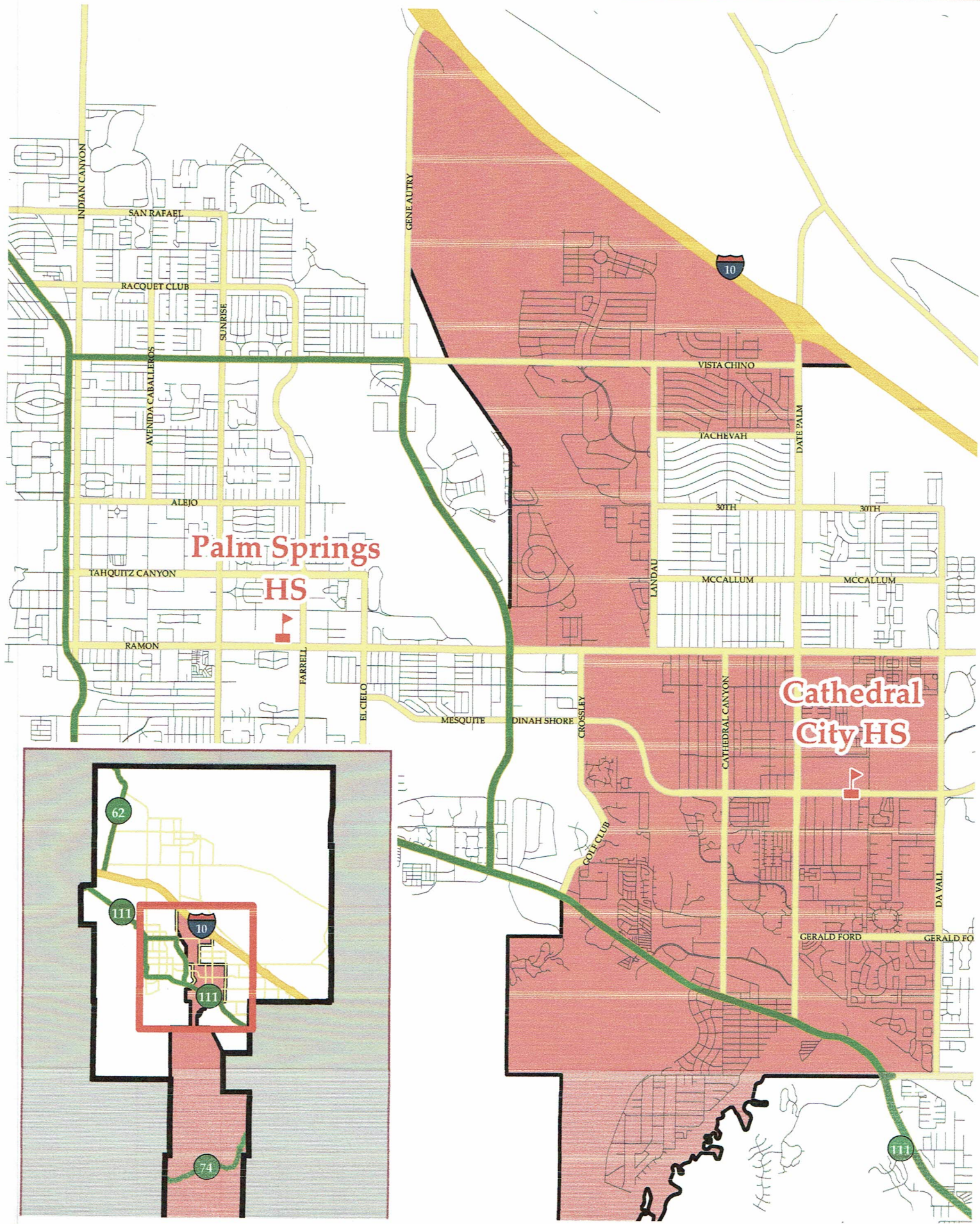
Please visit www.rmhsbands.com once again to check up on any new details or information you will need to know for next year.

■ July/August

SUMMER BAND CAMP – For those participating in **marching band next year**, a summer band camp typically occurs around July/August at the campus. This is normally a week-long day camp geared towards learning marching fundamentals, music and beginning work on the upcoming competitive field show. Band camp participants are asked to wear comfortable clothing and tennis shoes, bring sunscreen, a hat, large water bottle and instrument (if you have your own). Get band camp information and official dates and times by joining the private Facebook group: **Rancho Mirage High School Rattler Regiment** or **contact us** on www.rmhsbands.com with your email address so we can add it to our email list. If you haven't already filled out the incoming freshman form on the website, visit www.rmhsbands.com/new-members to do so.

Medical clearance is also due at the start of band camp. The form is attached to this packet or you can download it at www.rmhsbands.com.

PALM SPRINGS UNIFIED SCHOOL DISTRICT CURRENT ATTENDANCE BOUNDARY OF CATHEDRAL CITY



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 • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • 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 • 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

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
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
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: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
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: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
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)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
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)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
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 _____



MARK YOUR CALENDARS!

JULY/AUGUST

**Rancho Mirage High School Rattler Regiment
Marching Band Camp**

(Incoming freshman and returning Regiment members)

WHEN: July/August (typically one-week, during the day). Join the Rancho Mirage High School Rattler Regiment private Facebook group or visit www.rmhsbands.com for confirmed dates/times.

WHERE: Rancho Mirage High School Campus, 31001 Rattler Rd., Rancho Mirage, CA 92270 (see map)

WHAT TO BRING: large water bottle, hat, sunscreen, towel, instrument (if you have your own) and a three-ring binder with clear plastic inserts to store music

WHAT TO WEAR: comfortable light-weight clothing (like PE shorts and a t-shirt) and comfortable tennis shoes

QUESTIONS: email director Dr. Brian McDaniel at bmcdaniel@psusd.us or contact us on www.rmhsbands.com *+

