

## Brandeis Marching Band

### Summer Checklist 2019

#### TO DO:

- Practice your instrument DAILY. Other than combining practice with private lessons, there aren't any shortcuts to getting better. Now that you will be out of school is a great opportunity to spend a lot of time on your instrument/weapons/dance fundamentals and become really good! Do it because the better you become, the more you'll enjoy it!
- Complete your physical. Turn in your physical paper to me by hand or email ([daniel.asgari@nisd.net](mailto:daniel.asgari@nisd.net)) BEFORE July 28, 2019. Percussion - BEFORE July 15, 2019.
- Purchase your CUSTOM BAND TOP. Returning members - June 1. Incoming members - June 8.
- BLT MEMBERS - Pay for LEADERSHIP TUITION online (Band website shop) by June 8.
- MEMORIZE Part 1 & 2 of your music. Work at it often. DO NOT CRAM!
- Keep up with Calendar dates on the website. Times & dates CAN CHANGE.
- Begin a moderate exercise program to prepare for marching/outdoor requirements.
- Work on ALL music from this week's camp.
- Winds & Percussion need to purchase (2) 5 pack crew or V-neck PLAIN WHITE tee shirts (total of 10 white tees to last the season).

#### PLEASE BE SURE YOU HAVE THE FOLLOWING ON JULY 28, 2019

- Winds and Percussion - Show up wearing a white tee shirt
- Low top cross trainers/running shoes
- Hat
- Sunglasses
- 3 Ring Binder
- Music in sheet protectors
- Pencils (pencil pouches work great)
- Highlighters

\*\*\*Not having all materials EVERY DAY could jeopardize you earning a spot in the varsity show.

If you are unsure about anything, please email me at [Daniel.Asgari@nisd.net](mailto:Daniel.Asgari@nisd.net)

# 2019-2020 Northside ISD Medical History - BAND

**X** Student ID # \_\_\_\_\_

**This form must be on file prior to participation in any practice or performance before, during or after school.**

Student Name LAST \_\_\_\_\_ Student Name FIRST \_\_\_\_\_ Grade 19-20 school year \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Student Address (Street, City, Zip Code) \_\_\_\_\_ Student Phone \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 In case of Emergency contact: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

This MEDICAL HISTORY FORM must be completed **annually** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate.

**Explain "Yes" answers in the box below\*\***  
**Circle questions to which you do not know the answer**

		Yes	No			Yes	No
1	Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13	Have you ever gotten unexpectedly short of breath with exercise? Do you have Asthma?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you been hospitalized overnight in the past year? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>		<b>* If yes, complete both sides of the Asthma Action Form</b> Do you have an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you ever had prior testing for the heart ordered by a physician? Have you ever passed out during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	14	Do you have seasonal allergies that require medical treatment? Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
	Has any family member or relative died of heart problems or of sudden unexpected death before age 50? Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm)? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	15	Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below.	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
	Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	16	Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? If yes, how many times?	<input type="checkbox"/>	<input type="checkbox"/>	17	Do you lose weight regularly to meet weight requirements for your sport? Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
	When was the last concussion? How severe was each one? (Explain below) Have you ever had a seizure? Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	18	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell diseases? <b>Females only</b>	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever had numbness or tingling in your arms, hands, legs, or feet? Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	19	When was your first menstrual period? When was your most recent menstrual period? How much time do you usually have from the start of one period to the start of another? How many periods have you had in the last year? What was the longest time between periods in the last year?		
5	Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<b>An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (questions three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.</b> <b>**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (Attach additional sheet if necessary)</b>			
6	Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>				
7	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>				
8	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>				
9	Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>				
10	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>				
11	Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>				
12	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>				

Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs. If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student. If, between this date and the beginning of competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

**X** Student Signature: \_\_\_\_\_ **X** Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any yes answer to questions, 1, 2, 3, 4, 5 or 6, may require further medical evaluation, which may include a physical exam. The written clearance from a Physician, Physician Assistant, Chiropractor, or Nurse Practitioner is required before any participation in UIL events.

# PRE-PARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION - BAND

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_ )

Brachial blood pressure while sitting

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

Corrected: ☐ Y ☐ N

Pupils: ☐ Equal

☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again, prior to first and third years of high school participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. **\*Local district policy may require an annual physical exam.**

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearances			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart-Auscultation of the heart in the standing position			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (Males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/Arm			
Elbow/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

\*station-based examination only

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

☐ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**Physical Examination must be performed and signed on or after June 1, 2019 to be valid.**

*The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.*

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

**THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE OR PERFORMANCE BEFORE, DURING OR AFTER SCHOOL.**

March 1, 2019

# Part-2 | Color Field

Alto Sax

arr. R. George

*Soulful* (♩=72) **11** **M** *More motion* (♩=82) **12**

24 *p* 25

26 *mf* 27 28 *p* *f* **N**

30 31 32 *mf* 33

34 *f* 35 36 37

38 *rit.* 39 **O** *Resume* (♩=82) 41 *ff*

42 43 44 45

46 47 *fff*

# Part-2 | Color Field

Bass Clarinet

arr. R. George

*Soulful* (♩=72) **11** **M** *More motion* (♩=82) **12** 24 25

*p*

**N** 26 27 28 *mf* *p* *f*

30 31 32 33 *mf*

34 35 36 37 *f*

*rit.* 38 39 **O** *Resume* (♩=82) 41 *ff*

42 43 44 45

46 47 *fff*

# Part-2 | Color Field

Clarinet

arr. R. George

*Soulful* (♩=72) **11** **M** *More motion* (♩=82) **12**

24 *p* 25 26 *mf* 27

28 *p* **N** *f* 30 31

32 *mf* 33 34 *f* 35

36 37 38 *rit.* 39

**O** *Resume* (♩=82) 41 42 43

44 *ff* 45 46 47 *fff*

Flute

# Part-2 | Color Field

arr. R. George

*Soulful* (♩=72) **11** **M** *More motion* (♩=82) **12** **24** **3** **27**

**28** **N** *f* **30** **31**

**32** **33** **34** **35** *mf* *f*

**36** **37** **38** *rit.* **39**

**O** *Resume* (♩=82) **41** **42** **43** *ff*

**44** **45** **46** **47** *fff*

# Part-2 | Color Field

arr. R. George

Horn

*Soulful* (♩=72) **11** **M** *More motion* (♩=82) solo 13 14

15 16 17 18 *f*

19 20 21 22 *p* *ff* *mf*

23 24 27 28 **3** *f*

**N** 30 31 32 *mf*

33 34 35 36 37 38 *rit.*

39 **O** *Resume* (♩=82) 41 42 *ff*

43 44 45 46 47 *fff*

The musical score is written for a Horn in B-flat, 3/4 time. It consists of eight staves of music. The first staff begins with a tempo marking 'Soulful (♩=72)' and a measure number '11'. A box labeled 'M' indicates a section titled 'More motion (♩=82)' starting at measure 13, which is also marked 'solo'. The second staff contains measures 15 through 18, with a crescendo leading to a fortissimo (f) dynamic. The third staff contains measures 19 through 22, with dynamics ranging from piano (p) to fortissimo (ff) and then mezzo-forte (mf). The fourth staff contains measures 23 through 28, featuring a triplet of eighth notes in measure 24 and a change to 4/4 time in measure 27, ending with a fortissimo (f) dynamic. The fifth staff, marked with a box 'N', contains measures 30 through 32, ending with a mezzo-forte (mf) dynamic. The sixth staff contains measures 33 through 38, with a 'rit.' (ritardando) marking in measure 38. The seventh staff, marked with a box 'O', is titled 'Resume (♩=82)' and contains measures 39 through 42, starting with a fortissimo (ff) dynamic. The eighth staff contains measures 43 through 47, with a crescendo leading to a fortississimo (fff) dynamic. The score includes various musical notations such as slurs, ties, and dynamic markings.



# Part-2 | Color Field

arr. R. George

Low Brass 1 | 2

*Soulful* (♩=72)

**11**

**M** More motion (♩=82)  
\*2-players

**13**

**14**

**15**

**16**

**17**

**18**

**19**

**20**

**21**

**22**

**23**

**24**

**27**

**28**

**30**

**31**

**32**

**33**

**34**

**35**

**36**

**37**

**38**

**39**

**41**

**42**

**43**

**44**

**45**

**46**

**47**

*rit.*

*Resume* (♩=82)

**O**

*fff*

*f*

*mp*

*p*

*ff*

*mf*

*f*

*mf*

*f*

*fff*

# Part-2 | Color Field

arr. R. George

## Low Brass 3

*Soulful* (♩=72) **11** **M** *More motion* (♩=82) \*solo 13 14

15 16 17 18 *f*

19 20 21 22 *p* *ff* *mf*

23 24 27 28 **3** *f*

**N** 30 31 32 *mf*

33 34 35 36 *f*

37 38 *rit.* 39 **O** *Resume* (♩=82) *ff*

41 42 43 44 45 46 47 *fff*

Piccolo

# Part-2 | Color Field

arr. R. George

*Soulful* (♩=72) **11** **M** *More motion* (♩=82) **12** **24** **3** **27**

**28** **N** **30** **31**

**32** **33** **34** **35**

**36** **37** **38** *rit.* **39**

**O** *Resume* (♩=82) **41** **42** **43**

**44** **45** **46** **47**

*ff* *mf* *f* *fff*

# Part-2 | Color Field

arr. R. George

Solo Oboe

*Soulful* (♩=72)

2 dolce 3 4

*mf*

5 6 7 8

9 10 11 **M** *More motion* (♩=82) 11

23 24 25 26

*mf*

27 28 **N** 30 7

37 38 *rit..* **O** *Resume* (♩=82) 2 2

42 6

# Part-2 | Color Field

Tenor Sax

arr. R. George

*Soulful* (♩=72) **11** **M** *More motion* (♩=82) **12** 24 *p* 25

26 *mf* 27 28 *p* *f* **N**

30 31 32 *mf* 33

34 35 36 37 *f*

38 *rit.* 39 **O** *Resume* (♩=82) 41 *ff*

42 43 44 45

46 47 *fff*

# Part-2 | Color Field

arr. R. George

## Trumpet 1

*Soulful* (♩=72)

*More motion* (♩=82)

**10**

**11** solo **M**

**13**

*f* *mp*

**14** **15** **16** **17**

*f*

**18** **19** **20** **21**

*p* *ff* *mf*

**22** **23** **24** **3** **27** **28**

*f*

**N** **30** **31** **32** **33**

*mf*

**34** **35** **36** **37** **38** *rit.* **39**

*f*

**O** *Resume* (♩=82)

**41** **42** **43**

*ff*

**44** **45** **46** **47**

*fff*

# Part-2 | Color Field

arr. R. George

Trumpet 2 | 3

*Soulful* (♩=72) **11** **M** *More motion* (♩=82) **10**

22 **2** 24 **3** 27 28 *f*

**N** 30 31 32 *mf*

33 34 *f* 35 36

37 38 *rit.* 39 **O** *Resume* (♩=82) *ff*

41 42 43 44

45 46 47 *fff*

# Part-2 | Color Field

arr. R. George

Tuba

*Soulful* (♩=72) **11** **M** *More motion* (♩=82) solo 13 14

15 16 17 18

19 20 21 22

23 24 27 28

**N** 30 31 32

33 34 35 36

37 38 *rit.* 39 **O** *Resume* (♩=82)

41 42 43 45 46 47

The musical score is written for Tuba in bass clef with a key signature of two flats (Bb and Eb). It consists of 47 measures across eight staves. The score is divided into sections by rehearsal marks: 11 (Soulful, 72 bpm), M (More motion, 82 bpm), N, and O (Resume, 82 bpm). The tempo changes from 72 bpm to 82 bpm at measure 11. The score includes various dynamics: f (forte), mp (mezzo-piano), p (piano), ff (fortissimo), and fff (fortississimo). There are also articulation marks like accents and slurs. The piece features several rests, including a full-measure rest at measure 11 and a half-measure rest at measure 27. The time signature changes from 3/4 to 2/4 at measure 37. The score ends with a double bar line at measure 47.