

2025-2026

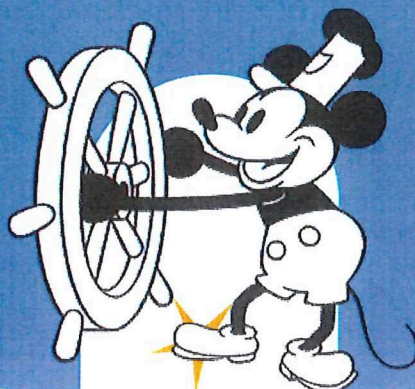
DISNEY ADVENTURES

with the

HALLSVILLE BOBCAT BAND

Hallsville Band Camp

JULY 21-25





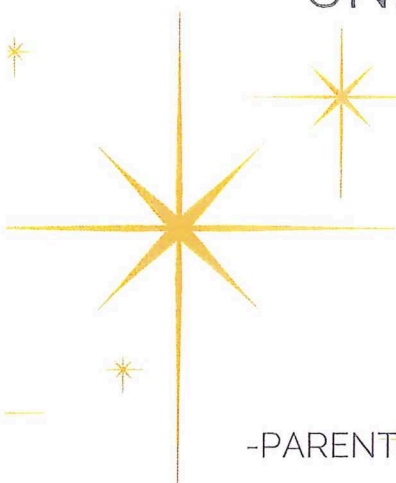
DEAR PARENTS AND STUDENTS

It is now time to premier our Roaring Band from Bobcat Land, once again at band camp. After a long and successful year with the band, we are excited to continue our winning tradition this year.

There will be a very important meeting for all upcoming or new band students and parents. This meeting will be held at the HHS Band Hall on 7/15 at 7:00 PM. Of course reoccurring band students are welcome to attend this meeting, for it will have valuable information.

This packet holds essential information about this year, and band camp. You will need to turn in your permission forms and your (\$300) camp/band fee. The fee is a combined total to cover band camp (\$150) and the annual band fee (\$150). The fee covers most expenses including special activities, instructors, meals, transportation, band camp/ band shirts, uniform maintenance, banquet, awards, celebrations, and supplies. Fees are payable at the meeting, or when your child is scheduled to be fitted for their uniform.

UNIFORM CHECKOUT SCHEDULE



July 15th	1:00 pm - 4:00 pm	Seniors and Juniors
July 16th	1:00 pm - 4:00 pm	Sophomores and Freshmen
July 17th	1:00 pm - 4:00 pm	Anyone Left

-PARENTS-

Please bring the **notarized** permission form at your students designated uniform checkout time, we will have a notary available!

If your student did not get a physical in 2023 - 2024 school year, they will need to get a new one. They are valid for two years. This is will normally be incoming freshman and juniors!!!

MEET THE DIRECTORS

Ty Hood Director 903 - 407 - 8767	Sherri Morgan Head Director 903 - 736 - 3292 (please text)	Wayne Smith Director 903 - 736 - 7215
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Rhett Pilcher Director 903-576-2787	Ashley Madewell Band Secretary 903 - 668 - 5990 Ext. 4133	Rami Purdum Director 903-452-9626
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Keaton Box
 Percussion Specialist
 903-767-8736

HALLSVILLE REMINDS

Organization	Text	To 81010	Sponsor
HS Band	@hallsvi		S Morgan W Smith T Hood
Jazz Band	@hallsvi		T Hood
Drumline	@hsdrum		K Box
Auxillary	@majflag		S Morgan S Johnson
Seniors	@waytogo		S Morgan

THINGS TO KNOW

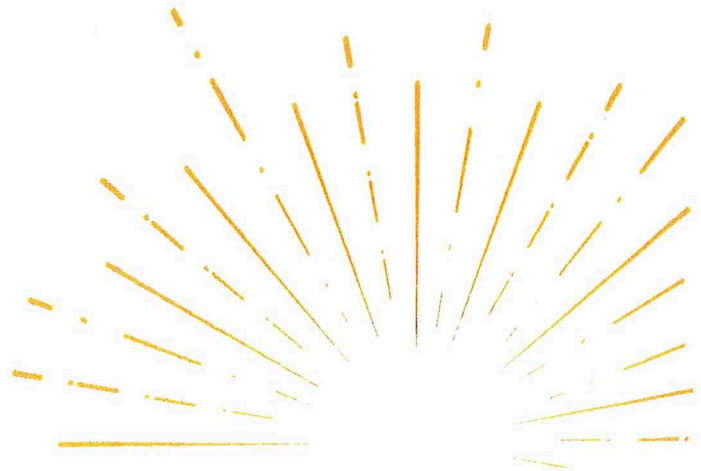
- Every student enrolled in the band program is required to attend Band Camp. Work schedules, vacations, etc. are not an excuse to miss Band Camp. Please make any necessary arrangements to ensure attendance. **Any conflicts must be worked out prior to camp, with Mrs. Morgan.** This camp is designed to learn marching skills and practice music for or upcoming fall semester; attendance of Band Camp is crucial for your child, and the band's success. **Band students can be dismissed from band if absent during camp.**
- All HISD student rules and policies, as well as the band's, will be in place during camp. If the student decides to disobey these rules, appropriate disciplinary actions will be taken. ***The only exemptions to this rule: Student's shorts do NOT have to be knee length; however, they must still be appropriate and modest.***
- Any medication/ medical needs required during Band Camp must be given to Ashley Madewell (Band Secretary) with specific instructions attached.
- Shoes are no joke during Band Camp. All students are required to wear CLOSE TOED tennis shoes or Marching Band shoes. **Sandals, crocs, flip flops etc. are not permitted.**
- Students may NOT leave campus in vehicles other than the school's without Director permission. Leaving campus for lunch is not allowed.

WALT DISNEY

Monday & Tuesday, July 21st & 22nd Tentative Schedule

Monday, July 21 2025	
8:00 AM	Meet at HHS Band Hall for Full Band Rehearsal. Be Prepared for Marching Practice Outside (Dress Appropriately)
10:00 AM	Full Band Rehearsal
11:00 AM	Marching Fundamentals
11:45 AM	BANDWHICHES!! Lunch is provided by the Band Boosters. You may NOT leave campus
12:15 PM	Freshmen Orientation and Game. Freshman will be assigned Senior Buddies
2:00 PM	Sectionals
3:30 PM	Full Band Rehearsal
4:45 PM	GO HOME!!
5:00 PM	Seniors and Leadership Team Training

Tuesday, July 22 2025	
7:00 AM	Meet at HHS Band Hall for marching practice
	Marching Fundamentals in Squads
10:00 AM	Full Band Rehearsal
11:45 AM	BANDWHICHES!! Lunch is provided by the Band Boosters. You may NOT leave campus
12:30 PM	Begin Sectional Marching Practice
1:30 PM	Sectionals
3:00 PM	Have a well deserved break!! Begin full Band Marching Practice
3:30 PM	Full Band Rehearsal
5:00 PM	Marching Band Rehearsal
5:45 PM	Section Snap Practice



WEDNESDAY, JULY 23RD TENTATIVE SCHEDULE

Wednesday, July 23 2025	
7:00 AM	Meet at HHS Band Hall for Full Band Rehearsal. Be Prepared for Marching Practice Outside (Dress Appropriately)
9:30 AM	Sectionals
10:45 AM	Full Band Rehearsal
12:00 PM	BANDWHICHES!! Lunch is provided by the Band Boosters. You may NOT leave campus
12:45 PM	Full band rehearsal
3:00 PM	Sectionals
4:00 PM	Full Band Rehearsal
5:00 PM	Prepare for a magical Date Night Dinner
5:30 PM	Dinner, EOD Announcements, and Door Prizes
6:45 PM	GO HOME!!



Thursday, July 24, 2025	
7:00 AM	Meet at HHS Band Hall for Full Band Rehearsal. Be Prepared for Marching Practice Outside (Dress Appropriately)
10:00 AM	Full Band Rehearsal
11:00 AM	Sectionals
12:00 PM	BANDWHICHES!! Lunch is provided by the Band Boosters. You may NOT leave campus
12:30 PM	Full Band Rehearsal
1:30 PM	Sectionals
2:30 PM	Marching Practice
3:30 PM	Full Band
5:00 PM	Dinner
7:00 PM	Concert in HHS Performing Arts Center
8:00 PM	Snap Competition at HHS Practice Field and Dismissal



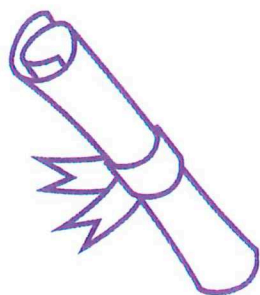
FRIDAY, JULY 26TH TENTATIVE SCHEDULE

- 8:30 meet at Band Hall for group activities
- Details will be announced on a later date

OTHER ITINERARIES

- Senior meeting with student and parents July 14 at High School Band Hall, 7:00 PM.
- **Fall break for High School Band does not begin until Oct. 15**
 - We will be going to a Pre- UIL contest on Saturday, October 11th and then we will go to our UIL Marching Contest in Mt. Pleasant on Tuesday, October 14th. Then our break will begin :)

CLASS OF
2026



Hallsville High School Bobcat Band



SUMMER BAND PRACTICE SCHEDULE 2025-2026

Monday, July 28	NO PRACTICE	NO PRACTICE
Tuesday, July 29	6:00 p.m. - 8:00 p.m.	Night PRACTICE
Wednesday, July 30	6:00 a.m. - 9:00 a.m.	Morning Practice
Wednesday, July 30	9:00 a.m. - 11:45 a.m.	Band Pictures
Thursday, July 31	6:00 a.m. - 8:00 a.m.	MORNING PRACTICE
Thursday, July 31	8:15 a.m. - 10:00 a.m.	Convocation
Friday, August 1	6:00 a.m. - 9:00 a.m.	MORNING PRACTICE
Monday, August 4	6:00 a.m. - 9:00 a.m.	MORNING PRACTICE
Tuesday, August 5	6:00 a.m. - 9:00 a.m.	MORNING PRACTICE
Wednesday, August 6	6:00 a.m. - 9:00 a.m.	MORNING PRACTICE
Thursday, August 7	7:00 a.m. - 10:00 a.m.	MORNING PRACTICE
Thursday, August 7	6:00 p.m. - 8:00 p.m.	Community Pep Rally
Friday, August 8	6:00 a.m. - 9:00 a.m.	MORNING PRACTICE
Monday, August 11	6:00 p.m. - 8:00 p.m.	NIGHT PRACTICE
Tuesday, August 12	First Day of School	

Any conflicts must be worked out in advance for summer band and any time missed must be made up before student will be allowed to perform.

SUMMER MAJ/FLAG PRACTICE SCHEDULE

Same dates as band practice. Times will be sent out by Shannon Johnson.
Majorette/Flag/Drum Major group pictures will be taken after the pictures
Be prepared to stay late.

Summer Dates to Remember

Junior High Auxiliary Camp

July 7 - 11, 2025

High School Auxiliary Camp

July 14 - 18, 2025

HHS & HJH Drumline Camp

July 14 - 18, 2025

High School/Junior High Band Camp

July 21 - 25, 2025

**Fall Break for HS Band does
not begin until Oct. 15**

We will be going to a Pre-UIL contest on Saturday, October 11th and then we will go to our UIL Marching Contest in Mt. Pleasant on Tuesday, October 14th. Then our break will begin!

**All camps except Full Band Camps will be held
at the Junior High. Both HS & JH Band Camps
will be at Hallsville High School!**

BOBCAT BAND CAMP Section themes

Section	Movie	Song	Character
Flutes	Lion King	Bear Necessities	Woody
Clarinets	Pirates of the Caribbean	Hi-Ho	Darth Vader
Saxophones	Lilo-Stich	Under the Sea	Goofy
French Horns	Starwars	Be Our Guest	Tinker Bell
Trumpets	Snow White	Zippy Do Da	Minnie Mouse
Trombones	Little Mermaid	Friend Like Me	Luke Skywalker
Baritones	Greatest Showman	Imperial March	Donald Duck
Tubas	Toy Story	Hakuna Matata	Cruella Devile
Percussion	Frozen	You Got a Friend in Me	Buzz Lightyear

UIL PHYSICALS

JOIN US AT THE HALLSVILLE PARK

Hallsville Medical Clinic will be
offering Athletic, Cheer, and Band
Physicals



\$20

Cash/Debit/Credit



SATURDAY
June 7, 2025



Time
09:00 AM - 3:00 PM



300 North Central Street
Hallsville Texas 75650



903-668-7462

**In Office Appointments
Also Available M-F**



www.hallsvillemedicalclinic.com



www.facebook.com/HallsvilleMed



www.instagram.com/hallsvillemedicalclinic



hmc@hallsvillemedicalclinic.com



Hallsville HS Band Dates to Remember

SPRING 2026

January 5-6	Staff Workday/Professional Development	HISD
January 10	Area/All-State Tryouts	Duncanville
January 13	Band Booster Meeting—7:00 p.m.	HHS Band Hall
January 17	9th Grade / JH All-Region Clinic/Concert	Whitehouse HS
January 19	Martin Luther King Holiday	Stay Safe
January 23-24	HS All-Region Clinic/Concert	UT Tyler
February 6-7	Solo/Ensemble Contest	Uindale
February 10	Band Booster Meeting	HHS Band Hall
February 11-14	TMEA All-State Convention	San Antonio
February 13	Staff Professional Development	HISD
February 16	President's Day Holiday	Stay Safe
March 3	Band Booster Meeting	HHS Band Hall
March 10	Pre-UIL Concert (Tuesday)	HHS Auditorium
<u>March 13-16</u>	<u>Senior Trip</u>	<u>Bahamas</u>
<u>March 16-22</u>	<u>4 YEAR BAND TRIP</u>	<u>Disney World</u>
March 16-20	Spring Break	YEA!!! Be Safe!
April 7	Band Booster Meeting	HHS Band Hall
<u>April 14-15</u>	<u>JH UIL Concert/Sight-reading Contest</u>	<u>Carthage</u>
<u>April 16-17</u>	<u>UIL Concert/Sight-reading Evaluation</u>	<u>Whitehouse</u>
May 2	Auxiliary Line Spring Show	HS Auditorium
May 5	HHS Senior Scholarship Night	HHS PAC
May 8	HHS Spring Band Concert	HS Auditorium
May 9	HHS Band Awards Banquet	HHS
May 12	Beg. Band - Soundpost / Splash Kingdom	Canton HS
May TBA	HHS DM/Aux Line Tryouts	HHS
May 15	HJH / Beg. Band /Spring Band Concert	JH Auditorium
May 16	HJH Band / Six Flags Trip	Six Flags
May 19	Band Booster Meeting – 7:00 p.m.	HHS Band Hall
May 22	Graduation	Bobcat Stadium
May 23-25	State Solo and Ensemble	Austin Area
July 6-10	JH Auxiliary Camp	HHS Band Hall
July 13-17	Drumline/Auxiliary Camp	HHS Band Hall
July 20-24	Hallsville HS Band Camp	

2025-2026 School Year

Hallsville HS Band Dates to Remember

FALL 2025

July 14-18	Drumline/Auxiliary Camp	HJH Band Hall/Gym
July 14	Senior Meeting @ 7:00	HHS Band Hall
July 15	Freshman Parent Meeting @ 7:00	HHS Band Hall
July 16-18	Freshman Orientation Camp 9-12	HHS Band Hall
July 17	Leadership Meeting 5-7	HHS Band Hall
July 21-25	Hallsville Band Camp	HHS
July 31	Convocation	HHS PAC
August 5	Band Booster Meeting	HHS Band Hall
August 7	Community Pep Rally	HHS PAC/Stadium
August 18	Monday Night Practice / 6-8 pm	HHS Practice Field
August 25	Monday Night Practice / 6-8 pm	HHS Practice Field
August 28	Football Game @ Lindale & Pep Rally – Thursday Night	HOME
September 1	Labor Day (School Holiday)	Stay safe
September 2	<u>Tuesday</u> Night Practice / 6-8 pm	HHS Practice Field
September 5	Football Game vs. Crandall	Away
September 8	Monday Night Practice	HHS Practice Field
September 9	Band Booster Meeting / 7:00 p.m.	HHS Band Hall
September 12	Football Game vs. Corsicana (Homecoming)	Home
September 15	Monday Night Practice / 6-8 pm	HHS Practice Field
September 19	Football Game vs. Pine Tree	Home
September 22	Monday Night Practice / 6-8 pm	HHS Practice Field
September 26	Football Game vs. Texas High	Home
September 29	Monday Night Practice / 6-8 pm	HHS Practice Field
October 1	All-Region Jazz Tryouts	UT Tyler
October 3	Football Game vs. Jacksonville	Away
October 4	Western Days	Here
October 6	Monday Night Practice / 6-8 pm	HHS Practice Field
October 7	Band Booster Meeting	HHS Band Hall
October 10	Football Game vs. Nacogdoches	Home
October 11	Pre-UIL Marching Contest	Mt. Pleasant
October 13	Monday Night Band Practice / 6-8pm	HHS Practice Field
October 14	UIL Marching Contest, Region IV	Mt. Pleasant
October 15-20	Fall Break for Band	
October 21	Band Practice - Tuesday Night Practice / 6-8 pm	HHS Practice Field
October 24	Football Game vs. Whitehouse	Away
October 28-29	UIL State Military Marching Contest 3A/5A/6A	McLane Stadium / Baylor
October 31	Football Game vs. Marshall (Band/Belle Senior Night)	Home
November 7	Football Game vs. Mt. Pleasant	Away
November 11	Band Booster Meeting / 7:00 p.m.	HHS Band Hall
November 12	UIL Twirling Contest	Bullard HS
November 17	All-Region Jazz Clinic/Concert	UT Tyler
November 19	Orchestra Wind Audition	TJC
November 24-28	Thanksgiving Break	Celebrate Family
December 2	Hallsville Christmas Parade	Hallsville
December 5-6	Orchestra Clinic/Concert	Tyler High
December 6	JH All-Region Tryouts	Jacksonville MS
December 9	Band Booster Meeting – 7:00 p.m.	HHS Band Hall
December 12	9th Grade All-Region Tryouts	Whitehouse HS
December 13	HS All-Region tryouts	Whitehouse HS
December 19	Christmas Break (Early Release)	Celebrate (Stay Safe)

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 in an event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____
 In case of emergency, contact:
 Name _____ Relationship _____ Phone (H) _____ (W) _____

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
4. Have you ever had a head injury or concussion?	<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"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____					
How severe was each one? (Explain below)			<i>Females Only</i>		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
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"/>	20. Do you have two testicles? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
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"/>			

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question 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.

**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the 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 participation, 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

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

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*
MEDICAL			
Appearance			
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)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

☐ Not cleared for: _____ Reason: _____

Recommendations: _____

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: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/

Bobcat Band Permission/Medical Release Form

HALLSVILLE BAND DEPARTMENT

2025-2026 School Year

I give permission for _____ to attend band camps, band trips, and other band activities with the Hallsville Band during the 2025-2026 school year. I, the parent, the legal guardian, will release the school, directors, chaperones, principals, superintendent, board of trustees from any liabilities involved in taking these trips. It is also understood that I, the parent or legal guardian, will stand liable for any damages created by the student. I understand that if the student violates any major school policy, such as drinking alcohol, smoking, drug use, damaging property, or stealing, **he/she will be sent home at my expense**, and will be subject to removal from the organization and all penalties set forth in the Hallsville ISD hand book and student code of conduct. I will be consulted before any action such as this is enacted. This form will give a director or chaperone my permission to sign for emergency medical treatment if it becomes necessary for my child.

Parent's Signature – Date

STATE OF TEXAS

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he (she) executed the same for purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____ DAY OF _____ 20____.

Notary Public in and for Harrison/ Gregg County, Texas

I, _____ understand that I will be representing Hallsville ISD while on this trip and participating in the band activity. I will abide by all school rules and policies as set forth by the Board of Trustees of the Hallsville ISD, while striving to set a good example for others to follow.

Date _____

Grade _____

PLEASE COMPLETE INFORMATION ON BACK

First Name _____ Last Name _____

Address _____ City, State, Zip _____

Birthday _____ Cell # _____

Email _____ (Email in very important for keeping you up to date on band information.)

PARENT INFORMATION

Mother's Name _____

Address _____ City, State, Zip _____

Home # _____ Cell # _____

Email _____ (Email in very important for keeping you up to date on band information.)

Father's Name _____

Address _____ City, State, Zip _____

Home # _____ Cell # _____

Email _____ (Email in very important for keeping you up to date on band information.)

EMERGENCY INFORMATION

Emergency Contact _____ Relationship _____

Emergency Phone # _____

MEDICAL INFORMATION

Physician's Name _____ Telephone _____

Health Insurance Company _____

Policy # _____ (If possible, a copy of insurance card would be helpful)

Allergies: _____

Medicine: _____

Use the bottom of this sheet for other necessary information:



HALLSVILLE SCHOOL VOLUNTEER FORM

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Preferred Phone: _____
Children in School/Campus: _____

Availability
_____ Daily _____ Weekly _____ Special Occasions
Monday Tuesday Wednesday Thursday Friday
AM _____
PM _____
Are you willing to work on all campuses _____ Yes _____ No
Preferred Campus(es) _____

Please check your preferred activities. Training will be provided as needed. Please complete both sides of this form. You may: (1) Return it to the campus, (2) scan and email it to jkramer@hisd.com, (3) Mail to Jan Kramer, P.O. Box 810, Hallsville, TX 75650, (4) Fax: 903.668.5990, Attn: Jan Kramer. For information: Subscribe to <http://co.hisd.com>. Community/community calendar to get dates and information. For messages, sign up for Remind 101: TEXT; 81010 and write in message: @hlsvlps. THANK YOU!!

Please check all activities of interest to you.

- _____ Copy work sheets
- _____ Classroom Centers
- _____ Mentor Program (Encourage a child)
- _____ Reading Tutor
- _____ Math Tutor
- _____ Library Aide
- _____ Train to help operate the library
- _____ Shelf books, etc.
- _____ Help with book fairs
- _____ Donate books
- _____ Read to children
- _____ Arts and crafts
- _____ Computer work
- _____ Office aide
- _____ School beautification
- _____ Volunteer Substitute (maintain a class or other position while the staff member goes to the doctor, a meeting, etc., and usually for no more than 1-2 hours)
- _____ Hallsville Alumni Assoc.
- _____ (Year of graduation _____)

- _____ I want to attend Field Trips with the class
- _____ Help in the Volunteer Center
- _____ Pre-registration helpers before school begins in August
- _____ Red Ribbon Week (October)
- _____ Canned Food Drive (October—November)
- _____ Coats for Kids (October—December)
- _____ Pennies from Heaven (Nov.—Dec.)
- _____ Angel Tree Project (October—December)
- _____ Special Education Field Day (April or May)
- _____ Staff Appreciation Week (May)

CAREER EXPLORATION

- _____ Career Day (Jr. High and High School)
- _____ Junior Achievement (Elem 2)
- _____ Field Trip Sites (all campuses)
- _____ Serve on Advisory Boards/Committees
- _____ Guest Speakers (all campuses)
- _____ Assistance with locating and procuring grants, foundations, funding, and marketing

Jan Kramer—Volunteer Coordinator
(903) 668-5990 ext. 5000 email: jkramer@hisd.com
Mailing Address: P.O. Box 810 Hallsville, Texas 75650
Physical Address: 311 Willow Street Hallsville, Texas 75650

"No one can help everyone. Everyone can help someone."

Complete all of this side.

Campus/Dept. Requesting Verification _____ Contact _____

Hallsville Independent School District
Criminal History Record Information Request
VOLUNTEERS

Confidential Information

The Hallsville Independent School District is authorized by state law to obtain criminal history record information on individuals who intend to serve as volunteers for the district. (Texas Education Code § 22.083) The information requested below is necessary to obtain criminal history record information.

PLEASE PRINT

Last Name First Name Middle Name

Date of Birth Check here if you are an employee of HISD or a Substitute

Gender: ☐ Male ☐ Female Ethnicity: ☐ Black ☐ White ☐ Other

I understand that the information I am providing about age, gender, and ethnicity will not be used to determine eligibility for employment/volunteering, but will be used solely for the purpose of obtaining criminal history record information.

*Please insert last four digits of your Social Security Number in the blanks below. This information is used to verify identification of the Criminal Background Check.

_____-_____-_____-_____

Signature _____ Date _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Student _____ Campus _____ Grade _____

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print): _____
I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online Crime Records General Information | Department of Public Safety (texas.gov) Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me. Acknowledge by signing below.

Applicant Signature: _____ Date: _____

Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name: _____
Authorized User: _____
Signature of Authorized User: _____
Date of Name-Based CCH Search: _____

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.

Purpose for CHRI Search.	<input type="checkbox"/> Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. <input type="checkbox"/> NO, CHRI is not stored by agency. <input type="checkbox"/> YES, CHRI is stored by agency.
CHRI Retention Period	<input type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other:
CHRI Storage Method	<input type="checkbox"/> Physical/Printed (paper copy) <input type="checkbox"/> Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain: _____
Date CHRI Destroyed	Explain: _____
Destruction Method	Explain: _____

CHRI + Audit Resources Link