

SANDRA DAY O'CONNOR HS



PANTHER BAND

WELCOME TO THE PANTHER BAND FAMILY!!!

- Students of the O'Connor HS Band Program are expected to perform at the highest level of achievement through musical performance.
- Through various competitions and performances, the ultimate goal set for the band students at O'Connor High School is to rigorously challenge them to become superior musicians in concert, jazz, percussion studies, color guard artistry, community band, and individual performance.
- Students of the O'Connor High School Band program not only become superb musicians but also better students, who will be challenged to become successful and responsible citizens for our community.

BAND REQUIREMENTS

- All students **MUST** participate in marching band (unless given special permission by Mr. Alvarado)
- Attend all football games and performances (competitions, concerts, parades, pep rallies, etc)
- UIL Marching Contest
- TMEA District Band
- UIL Solo and Ensemble
- UIL Concert/Sightreading
- Band chair placements (middle/end of November)
- Band placements (end of April/early May)
- Winterguard/winter percussion

BAND COMPETITION CALENDAR

- September 30 – Bands of America Houston Regional
- October 7-Vista Ridge Marching Contest
- October 11- UIL Region 29 Marching Contest
- October 14- Texas Marching Classic
- October 21- UIL Area Marching Contest
- November 3- Bands of America San Antonio Super Regional
- We expect ALL students to be available for all competitions. All competitions have been updated and posted on the band calendar. IF an emergency and/or conflict come up, it is the responsibility of the student to communicate any issues to Mr. Alvarado

SUMMER BAND SCHEDULE

- July 24-28: Full Band 8am-11:30am; Percussion and Guard camp 8am-5pm
- July 31-August 18: Monday-Friday 8:00am-11:30am (full band)
 - Monday afternoon: woodwinds 1-4pm
 - Tuesday afternoon: brass 1-4pm
 - Wednesday and Thursday Full Band 1-4pm
 - Friday- 8:00am- 11:30am
- August 21-25: 5pm-8pm (Full Band)
- August 25: Possible Annual Hotdog Howdy
- August 26: 1st football game vs Brandeis at the Alamodome!

BAND REHEARSAL SCHEDULE

- Monday- OFF (recovery day unless major performance/clinician, Thursday game week, or inclement weather day)
- Tuesday -7:30am-8:30am; Tuesday afternoon 5pm-7:30pm
- Wednesday- 7:30am-8:30am
- Thursday- 7:30am-8:30am; Thursday afternoon 5pm-7:30pm
- Friday- 7:15am-8:15am (game day run through)
- Football games are Thursdays, Fridays and a few Saturdays (check band calendar for more information)
- ***We expect ALL students to be fully engaged at all band rehearsals***
- ***We expect ALL students to be at every football game and band event. IF an emergency and/or conflict comes up, it is the responsibility of the student to communicate any issues to Mr. Alvarado***

FEES AND REQUIRED ATTIRE

- This is the FUN part!



BAND FEES

- Band Fees will be \$500 for the year.
- Band Fees are lowest comparable to surrounding successful/competitive 6A programs
- Band Fees are divided into 5 payments (if needed)
- Sibling discount is available
- So what does the band share fee pay for?

WHY BAND FEES?

- O'Connor Panther Band members are required to pay a Fair Share Fee to help cover common good expenses associated with running the band program.
- These expenses is something that all members benefit from and that may not be covered by district funds.
- This allows for an equitable system of financial support where all families contribute.

WHAT DO FAIR SHARE FEES PAY FOR?

- Over 90% of our 2022-2023 Operating Budget is allocated to expenses that are vital to the band program's continued level of excellence, for example:

Instructors, master class teachers, clinicians

Props, equipment and supplies

Contest meals

Marching show development

Competition Fees

Transportation and Move Crew

TRAVEL FEE

- Travel Fee will be \$100 (subject to change)
- Travel Fees pays for charter bus to Houston, Texas
- Travel Fees pays for all out of town competition meals (game day dinners excluded)
- At band prep days, we do ask that **AT LEAST THE \$100 FEE** is paid so charter buses can be locked in.

DIGITAL CUSTOM TOPS

- 2023-2024: Digital top
- Used for competitions and football performances
- Once student pays for it, it is their top to keep
- Deposit Due June 1 (pay online)
- Full amount TBD (Deadline is August 1)

OTHER REQUIRED ITEMS

PRICES SUBJECT TO CHANGE***

- Hydration Pack(\$40)**
- Uniform fee(\$30)
- Raincoat(\$15)
- Black Marching Dinkle Shoes (\$34)
- Instrument supplies (mouthpieces, ligatures, reeds, cleaning supplies)
- ALL students will need to have a black OC Band shirt, OC Blue shorts, and OC Blue pep rally shirt, and black marching shoes(Dinkles)

REQUIRED UNIFORM FOR BAND

- Link will be emailed to parents once the online store is ready to go



BAND PREP DAYS

- August 8th Tuesday: 5:00pm-9:00pm (12th grade)
- August 9th Wednesday: 5:00pm-9:00pm (11th and 10th grade)
- August 10th Thursday: 5:00pm-9:00pm (9th graders/new students) Shoe and gloves will be fitted on this day
- August 11th Friday: 9am-11:30am (make up day)
- Band prep days are required for ALL band students. Forms, fees, uniform fitting, and pictures are done at this event. Please plan ahead.

UIL BAND PHYSICALS



UIL REQUIREMENT

- UIL has mandated ALL band students to have a physical on file with the campus.
- Physicals can be done over the summer at many physicians office or your own family doctor.
- Physicals are due August 1. If no physical is on file by August 1, students cannot attend band camp and participate in marching activities.
- IF student is marching a “spot” in the show, and physical is not turned in, with too many absences, that spot can be forfeited at the discretion of the band director
- NISD Physical forms are on the band website.

BAND PHYSICALS

2021-2022 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 20-21 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 _____
*The 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.

<p>1 Have you had a medical illness or injury since your last check up or sports physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2 Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3 Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had prior testing for the heart ordered by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has any family member or relative died of heart problems or of sudden unexpected death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <p>Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has a physician ever denied or restricted your participation in sports for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4 Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many times? _____</p> <p>When was the last concussion? _____</p> <p>How severe was each one? (Explain below) _____</p> <p>Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had numbness or tingling in your arms, hands, legs, or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had a sting, burn, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5 Are you taking any prescription? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7 Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using inhalers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8 Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9 Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10 Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11 Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12 Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13 Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* If yes, complete both sides of the Asthma Action Form</p> <p>Do you have an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14 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"/> Yes <input type="checkbox"/> No</p> <p>15 Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check appropriate box and explain below.</p> <table border="0"> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <p>16 Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you use weight regularly to meet weight requirements for your sport? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17 Do you feel dehydrated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18 Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Females only</p> <p>19 When was your first menstrual period? _____</p> <p>When was your most recent menstrual period? _____</p> <p>How much time do you usually have from the start of one period to the start of another? _____</p> <p>How many periods have you had in the last year? _____</p> <p>What was the longest time between periods in the last year? _____</p> <p>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.</p> <p>*EXPLAIN YES ANSWERS IN THE BOX BELOW (Attach additional sheet if necessary)</p>	<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	
<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															

Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs. It, 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 UI.

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 UI events.

2023-2024 BAND BOOSTERS

- President- Matt Thompson president@ocpantherband.com
- 1st Vice President - vacant vp1@ocpantherband.com
- 2nd Vice President – Monica Jones vp2@ocpantherband.com
- 3rd Vice President – Mike Hinojosa vp3@ocpantherband.com
- 4th Vice President – Melinda Knysz vp4@ocpantherband.com
- Treasurer – Shannon Wilk treasurer@ocpantherband.com
- Secretary- Deanna Ollerman secretary@ocpantherband.com
- Parliamentarian – vacant parliamentarian@ocpantherband.com



BAND COMMUNICATION



- **Social media:**
- Facebook: O'Connor High School Panther Band
- Instagram: @theocpantherband
- Twitter: @thepantherband
- www.ocpantherband.com
- Remind101



OC YOU KNOW!



DIRECTORS

- Mr. Alvarado- alfonso.alvarado@nisd.net (210) 397-4758
Director of Bands
- Mr. Gabriel Valdez Gabriel.valdez@nisd.net
Associate Band Director
- Mr. Michael Bradford- Michael.Bradford@nisd.net
Associate Band Director
- Mr. Jose Marin – Jose.Marin@nisd.net
Associate Band Director
- Colorguard director- Mr. Amanda King – Amanda-1.king@nisd.net