

Our Team

BELLAIRE BELLES



Agenda



| | |
|---|------------------------------|
| 1 | RED FOLDER PAPERWORK |
| 2 | REGISTER MY ATHLETE |
| 3 | CALENDAR |
| 4 | BELLE EXPECTATIONS |
| 5 | UNIFORM ORDER |
| 6 | FUNDRAISING AND BOOSTER CLUB |

Paperwork

| | BELLE SIGNATURE | PARENT SIGNATURE | NOTARY |
|-----------------|-----------------|------------------|--------|
| BELLE PLEDGE | ✓ | ✓ | |
| MEDIA RELEASE | | ✓ | |
| CONCUSSION | ✓ | ✓ | |
| CARDIAC ARREST | ✓ | ✓ | |
| BHS TRAVEL | ✓ | ✓ | |
| PARENT APPROVAL | | ✓ | ✓ |
| PHYSICAL | ✓ | ✓ | |

*INSURANCE WAIVER FORM NOT RELEASED BY HISD YET *WILL NEED NOTARIZED

IF YES, DOCTOR DOCUMENTATION IS NEEDED TO BE UPLOADED TO RMA (MEDICAL DOCUMENTATION) TO BE CLEARED BY ATHLETICS ADMIN

Explain “Yes” answers in the box below**. Circle questions you don’t know the answers to.

PREPARTICIPATION PHYSICAL EVALUATION- MEDICAL HISTORY

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)

1. Have you had a medical illness or injury since your last check up or physical?

2. Have you been hospitalized overnight in the past year? Have you ever had surgery?

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? Has any family member or relative died of heart problems or of sudden unexplained 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? Has a physician ever denied or restricted your participation in activities for any heart problems? 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? _____

4. When was your last concussion? _____ How severe was each one? (Explain below) Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs or feet? Have you ever had a stinger, burner, or pinched nerve?

5. Are you missing any paired organs?

6. Are you under a doctor's care?

7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?

8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?

9. Have you ever been dizzy during or after exercise?

10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?

11. Have you ever become ill from exercising in the heat?

12. Have you had any problems with your eyes or vision?

13. Have you ever gotten unexpectedly short of breath with exercise? Do you have asthma? Do you have seasonal allergies that require medical treatment?

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)?

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:

☐ Head

☐ Neck

☐ Back

☐ Chest

☐ Shoulder

☐ Upper Arm

☐ Elbow

☐ Forearm

☐ Wrist

☐ Hand

☐ Finger

☐ Foot

☒ Hip

☒ Thigh

☒ Knee

☒ Shin/Calf

☒ Ankle

16. Do you want to weigh more or less than you do now?

17. Do you feel stressed out?

18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?

Females Only ☐ I choose not to provide written information on Question 19 but will discuss with a medical professional:

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? _____

☐ I choose not to provide written information on Question 20 but will discuss with a medical professional:

20. Are you missing a testicle: _____

☐ Do you have any testicular swelling or masses? An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

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 _____

FREE PHYSICAL WITH
A GOOGLE REVIEW

ONPOINT URGENT
CARE

LOCATION @ 3905
RICHMOND AVENUE,
HOUSTON, TEXAS
77027

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) if indicated | | | |
| Skin | | | |
| Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis) | | | |
| 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 games/matches. performance /

PHYSICALS
ARE DUE
FIRST DAY
OF BOOT
CAMP

MUST GET DR OFFICE
STAMP

FIRST YEAR COST

APPOXIMETLY \$500 TO
PURCHASE UNIFORM
(UNIFORM ORDER FORM)
WILL USE THROUGH ENTIRE
BELLE EXPERIENCE

FUNDRASING/DUES

500\$ EACH YEAR
PROVIDED FUNDRAISING OPPURTUNITES
DUES DATES SPACED THROUGHOUT FALL SEASOM

Register My Athlete



★★★★★★★★★ 2024-2025 HONOR CO ★★★★★★★★★



CUSTOM
QUESTIONS

[HTTPS://WWW.REGISTE
RMYATHLETE.COM/](https://www.registermyathlete.com/)

DRILL TEAM
RMA EXPECTED TO
BE OPEN FOR
REGISTRATION BY
JUNE 5TH!

CUSTOM
FORMS

PHYSICAL
DOCUMENTS

| | | | |
|---------------------------|--------------------------|-----------------------|-----------------------------|
| ✓ Registration Started | ✓ Athlete Information | ✓ Pre Registration | ✓ Registration Checklist |
|---------------------------|--------------------------|-----------------------|-----------------------------|

This is the parent view of the registration. This allows you to see what the parents sees, but you will not be able to make actions on behalf of parents from this perspective. Certain buttons will be disabled.

| | | |
|---|---|---|
| Click on each box to the required tasks | | |
| Note that this information is unique to the school where you are registering. | | |
| ✓ Custom Questions | | → |
| ✓ Custom Forms | | → |
| ✓ Final E-Signature | | → |
| ✓ Physical Documents | 1 | → |

| | |
|----------------------|--|
| Registration Summary | |
| Status | ✓ COMPLETE |
| Athlete Notes | No Athlete Notes |
| Actions | Print Registration Profile Print Certificate of Completion |
| School | Houston Bellaire |
| City | Bellaire, TX |
| Athlete | STUDENT NAME |
| Grade | 11 |
| Year | 2024-2025 |
| Sport | Drill Team |



Aktivate
Home
(Switch Accounts)



Navigation



Fundraising



Logout

Help?

Registration Checklist

[Back to Checklist](#)[← Previous Step](#)[Next Step →](#)

Custom Questions



Custom Forms



Final E-Signature



Physical Documents

Please click on each section and complete each step.

All changes are automatically saved.

Acknowledgement Of Rules

✓ COMPLETE



Anabolic Steroid Use and Random Steroid Testing Agreement

✓ COMPLETE



Concussion Acknowledgment Form

✓ COMPLETE



Parent Approval for Participation In Athletics and Emergency Medical Authorization

✓ COMPLETE



Student Media Consent and Release Form

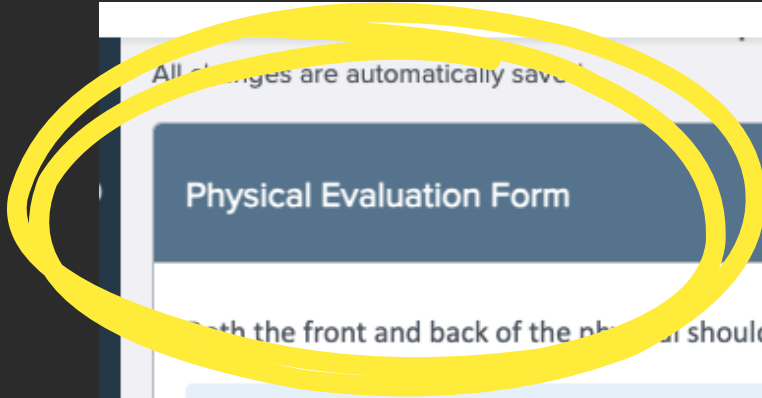
✓ COMPLETE



Sudden Cardiac Arrest (SCA) Awareness Form

✓ COMPLETE

[← Previous Step](#)[Next Step →](#)



Physical Evaluation Form

✓ COMPLETE

Both the front and back of the physical should be uploaded into this section.

| Uploaded Documents | Status | Dates |
|-----------------------------|------------|---|
| View Upload | ✓ APPROVED | Upload Date: 23 Jul 24 Approval Date: 20 Aug 24 Issue Date: 23 Jul 24 Expiration Date: 23 Jul 25 |
| View Upload | ✓ APPROVED | Upload Date: 05 Jul 23 Approval Date: 07 Aug 23 Issue Date: 05 Jul 23 Expiration Date: 05 Jul 24 |

CLEAR PICTURE OF STAMPED PHYSICAL DOWNLOADED HERE (2 PAGES)

This upload is complete. [Upload A New Document](#)

All changes are automatically saved.

Medical Documentation

✓ COMPLETE

This requirement is optional

Documents in this section are only required if you have additional information from your physician

DO NOT UPLOAD
PHYSICAL HERE



Athletic Insurance Waiver

✓ COMPLETE

This requirement is optional

All athletes must be insured to participate in any athletic activity. If you chose option one in the insurance section: that you already have insurance, please complete and upload the HISD insurance waiver.

You do not have to complete this card to complete your registration.

Uploaded Documents

Status

Dates

[View Upload](#)

✓ APPROVED

Upload Date: 24 Jun 24

Approval Date: 08 Nov 24

Issue Date: 08 Nov 24

This upload is complete. [Upload A New Document](#)

All changes are automatically saved.

FORM NOT RELEASED FROM HISD YET.
WILL NEED TO BE NOTARIZED AND UPLOADED.

Insurance Card

⚠ IN PROGRESS

← Previous Step

Next Step →

Calendar

May June July Aug. Sept. Oct. Nov. Dec. Jan. Feb March April

WELCOME
NEW TEAM

OFFICER
CAMP

SCHOOL
STARTS

BELLE TEAM
PICTURES
\$

HOMECOMING
TAILGATE

FUNDRAISING
DUE

CONTEST
SEASON
REHEARSAL

CONTEST!
KEEP
WEEKENDS
OPEN!

OFFICER
TRYOUTS

TEAM
TRYOUTS

DANCE
CLINIC
MAY 31

4TH OF JULY

TEAM CAMP
TBA

FUNDRAISING
PORTION DUE

MUMS
FUNDRAISER

END OF
SEASON
PARTY

BASKETBALL
GAME

CARDINAL
KICKOFF

HONOR
CORPS
TRYOUT

TEAM
BANQUET

UNIFORM
BALANCE
DUE

FOOTBALL
GAMES
START

FOOTBALL
BUDDIES
\$

SISTER GIFT
EXCHANGE
\$

FOOTBALL
SEASON
ENDS

CADETS
TRYOUTS

SPRING
SHOW

NEIGHBORHOOD
SWEEPS

MONTHLY SPIRIT NIGHTS FOR FUNDRAISING AND MERITS

Key Expectations



CAN DO ATTITUDE

READ AND ABIDE BY THE BELLE GUIDELINES

ATTEND ALL PERFORMANCES AND PRACTICES

DANCE POSITION IS NOT GUARANTEED. TRYOUTS ARE HELD FOR EVERY DANCE

NO PASS = NO PLAY

Uniforms



Uniform Order Form

Student Name: _____

Student ID#: _____

Parent/Guardian Name(s): _____

Student Birthday: _____

Address: _____

City: _____

State: TX

Zip-Code: _____

Parent Phone: _____

Parent Email: _____

Student Phone: _____

Student Email: _____

| Item | Size | Price | QTY | Total | Packed | Received |
|---|--|--------------------------|-----|-------|--------|----------|
| Belle's JV T-Shirt <i>OR</i> Belle's Varsity T-Shirt | | \$15.00 | | | | |
| Belle's Red Tank | | \$15.00 | | | | |
| Belle's Red Racerback Tank | | \$20.00 | | | | |
| Belle's Black Racerback Tank | | \$20.00 | | | | |
| Belle's Red Long-Sleeve Shirt | | \$20.00 | | | | |
| Belle's Black Boyshorts | | \$20.00 | | | | |
| Belle's Jersey - <i>Last Name:</i> _____ <i>Grad Year</i> _____ | | \$50.00 | | | | |
| Belle's Black Warm-Up Jacket - <i>First Name:</i> _____ | | \$65.00 | | | | |
| Belle's Red Fleece | | \$35.00 | | | | |
| Jazz Shoes (Tan) | | \$22.00 | | | | |
| White Boots | | \$75.00 | | | | |
| Dance Tights (<i>Sun Tan, Brand: Weissman</i>) | SM/MD or LG/XL | \$5.00 | | | | |
| Team Hair Tie + Team Earrings | REG or CLIP | \$10.00 | | | | |
| Clear Raincoat | | \$16.00 | | | | |
| Team Backpack - <i>First Name:</i> _____ | N/A | \$30.00 | | | | |
| Football Stadium Chair | N/A | \$68.00 | | | | |
| Belle's Water Jug | 1 QT or 1/2 GAL | \$15.00 or \$20.00 | | | | |
| The following items listed below are OPTIONAL to order: | | | | | | |
| Team Duffle Bag | N/A | \$28.00 | | | | |
| Belle's Performance Dress | | \$120.00 | | | | |
| Please provide or purchase your own of the following items: | TOTAL: \$ _____ | | | | | |
| 1x Black Workout Leggings / 1x Black Workout Shorts / 1x Clear Strap Bra / Red Lipstick (ex: Loreal, 315 True Red, Revlon, 775 Super Red) / Temporary Eyelashes (Strip or Clusters) | Payment Methods: Check OR Zelle (<i>Checks must be made payable to the Bellaire Belles Booster Club (BBBC). Zelle: bellairebellesdt@gmail.com, please include the student's first and last name in the note before sending payment!</i>) | | | | | |

| OFFICE USE ONLY | | | | |
|-----------------|-----------|---------|-------------|-------------|
| PAYMENTS | DATE PAID | CHECK # | AMOUNT PAID | BALANCE DUE |
| | | | | |

BELLAIRE BELLES BOOSTER CLUB WITH FUNDRAISING AND VOLUNTEER NEEDS

