



## 2023-2024 Sam Houston "Pride & Spirit" Membership Invitation

Congratulations to all 8<sup>th</sup> grade band students of the Moss Bluff Middle School band on your selection and participation in the District V Honor Bands in January. We are very aware of your accomplishments and you should be very proud of your achievements thus far. This, by no means, was an easy accomplishment; it was achieved by hard work, patience, God given ability and personal dedication. It was also achieved by parental support and the direction of one of the best Band Directors in our state, Mr. Hearne. It is our hope, that you will continue your music education experience throughout your high school years as a member of the Sam Houston "Pride & Spirit" Band Program.

The Sam Houston "Pride & Spirit" Band needs YOU for the 2023-2024 performance year. Lots of exciting things are awaiting future "Pride & Spirit" members. The band performs at, and travels to, almost all football games on Friday nights, performs in area parades, goes to several marching and concert band festivals, and also takes end of the year spring trips to different destinations. (The band takes a long trip every three/Four years). This coming year, the Pride and Spirit has tentative plans on Travel to Dallas, Texas in April 2024.. The "Pride and Spirit" Band is one of the largest bands in the state of Louisiana. Membership runs from 145 to 180 members per year. The band consistently receives superior ratings in marching and in concert. During this 2022-23 school year, the Sam Houston Band has won 22 awards/honors, 11 All District band members, and 3 Louisiana All Staters. In 2019, the band traveled to Washington D.C. and performed for the 2019 National Cherry Blossom parade.

Sam Houston band students are involved in ALL aspects of high school life: cheerleading, tennis, football, basketball, soccer, wrestling, Student Council, Beta Club, bowling, Quiz Bowl, FFA, Decca, danceline----just to name a few. There is a place for you in this organization.

The Sam Houston High School "Pride and Spirit" Band offers the following ensembles in its curriculum: Marching/Concert band (2 concert bands), Drum Line, Color Guard, as well as other District and state activities. Color Guard and Drum Line auditions are open to students (8<sup>th</sup> grade and up) during the month of April and May. Students accepted for the Color Guard will get 2 years of PE credit towards graduation requirements. The yearly curriculum for high school band consists of Marching Band (fall semester) and Concert Band (spring semester). You must take both semesters to receive academic credit. The other ensembles offered are selected by individual playing ability. Please note: Freshmen have the opportunity to audition for the Varsity Symphonic Band, which is the Varsity Band in the school. Auditions MUST be played prior to the last day of this school year (2022-2023) for scheduling purposes. Audition date is May 15, 2023. Incoming freshmen are asked to email me as soon as possible ([terry.gould@CPSB.org](mailto:terry.gould@CPSB.org)) and schedule an appointment for this audition, if interested. Please see Mr. Teague, in

early April/ May, for the tryout material, which consists of all (12) major scales and the chromatic, reading rhythms, and sight reading. In all, the process takes about 10 to 12 minutes. All freshmen, wishing not to audition for the Symphonic (Varsity Band will be placed in the Jr. Varsity Concert Band. Concert Band does not require an audition, just a recommendation from Mr. Hearne and/or Mr. Teague.

Positive aspects of being a member of the "Pride & Spirit" Band:

1. When School begins, freshmen band students already have a nucleus of over 100 H.S. upperclassmen associates that they have been working with at band camp. This allows for a smoother transition from Middle School to High school life.
2. High School band participation offers students the opportunity to received college scholarships. College band scholarships range from \$500 to \$1400 per semester in addition to the Tops program and other academic scholarships. (You don't have to major in music to receive this money, just be a member of a collegiate band). All students playing in college band in the state of Louisiana receive money. The better the player, the more money received, and with the skyrocketing cost of going to college, every bit of financial aid is appreciated. Former SHHS band students are in most major collegiate bands in this state: LSU, McNeese, Northwestern, UL-Lafayette, ULMonroe, Louisiana Tech band programs.  
Note: Please remember, that for TOPS certification, a student must have 1 year of fine arts, which is band, choir, or art to be eligible for TOPS.
3. The band also has a Formal every spring entitled, "Winter Ball" usually held at Treasures of Marilyn's. This formal is for band students and their guest only.
4. Band students have lockers and restrooms in the band hall. For use only by Band members. Also a place to hang before/after school.
5. Band builds Character, how to work with a large team, how to get along with others, time management, leadership skills, how to express yourself, sensitivity to the arts, how to be a well rounded individual, how to be a critical thinker and Multitasker.

Freshman Camp/New Marchers Preschool Camp will be held July 19, 20, 21. Freshman camps runs from 8 to 12:00 noon. The next week, Full band camp runs July 24 — 28 - 8 to 3:30 pm. Attendance at camp is required. Any problems with dates must be cleared by Mr. Gould ASAP. Percussionists see Mr. Teague for your schedule. (Percussion Only July 17 - 28).

If your child wants to enroll in band, we will make that happen. If you have any questions or concerns, please call the band office (217-4480 opt 4).

There's a spot for you in the Sam Houston "Pride and Spirit" Band. We sincerely hope that you will become part of this tradition of excellence in the Moss Bluff Community, a tradition of over 40 years.

Come Join our Band Family and NEW Band facility. We would love to have you!!!

Sincerely,

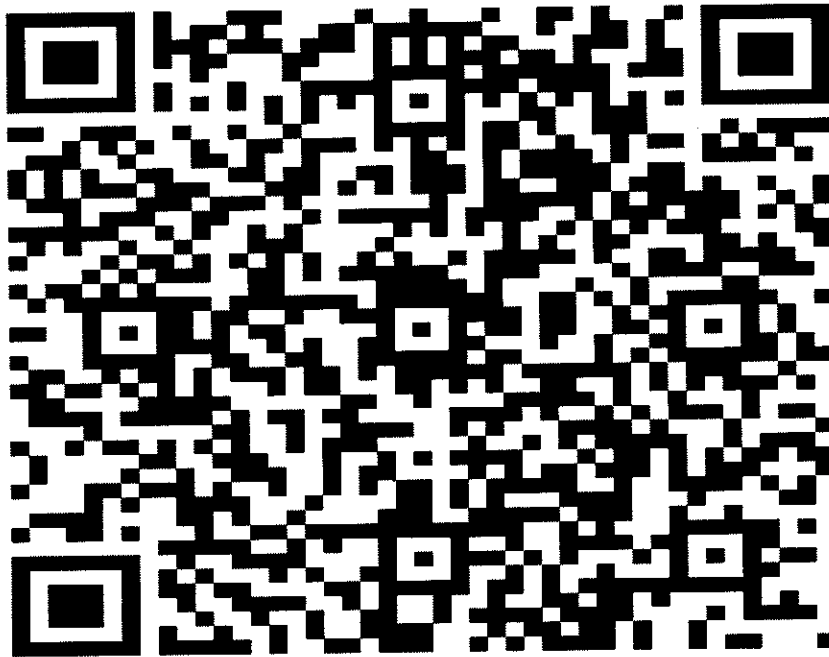
Terry L. Gould

Taylor H. Teague Director of Bands Asst. Director of Bands

P.S.

If you have not done so already... Please use this QR code and fill out the required registration form. Fill out only once Please..

## **2023-24 SHHS Band Questionnaire**



## Preschool Summer Band Camp 2023

Percussion Only; Camp is 2 weeks. 1<sup>st</sup> week of July 17 -21 8 am til 4 pm

2<sup>nd</sup> Week of July 24 – 28 8am to 3:30 pm

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New Marchers Camp. (for anyone new to Sam Houston (Freshmen) or did not have a marching spot in the show last year, and any transfer Student. Also any new guard, marching on that piece of equipment for the 1<sup>st</sup> time. Its' 3 days July 19, 20 and 21, 2023 8 am til 12 noon.

Full Camp (Everyone) July 24 – 28, 2023 8 am til 3:30 pm.

Morning is marching outside. Afternoon is playing inside.

Colorguard goes to 8 to 11am at the bandhall and 12:45 to 4:30 at the middle school.(gym)

Everyone will pass off a marching assessment during camp to have a definite spot in the competition show for the season. All of this will be taught during camp. If you miss camp, you will most probably not have a spot in the show. We have NO extra time to reteach the skills that was taught during camp. Camp is EXTREMELY IMPORTANT!!

# LHSAA MEDICAL HISTORY EVALUATION

**IMPORTANT: This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.**

Please Print

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parent / Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**FAMILY MEDICAL HISTORY:** Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack/Disease	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sudden Death	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	_____	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	_____

**ATHLETE'S ORTHOPAEDIC HISTORY:** Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury / Concussion	_____	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury / Stinger	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Elbow L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arm / Wrist / Hand L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Back	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hip L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Thigh L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knee L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lower Leg L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Shin Splints	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ankle L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Foot L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Severe Muscle Strain	_____	<input type="checkbox"/>	<input type="checkbox"/>	Pinched Nerve	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest	_____	Previous Surgeries: _____							

**ATHLETE MEDICAL HISTORY:** Has the athlete had any of these conditions?

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur / Chest Pain / Tightness	<input type="checkbox"/>	<input type="checkbox"/>	Asthma / Prescribed Inhaler	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual irregularities: Last Cycle: _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath / Coughing	<input type="checkbox"/>	<input type="checkbox"/>	Rapid weight loss / gain
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Take supplements/vitamins
<input type="checkbox"/>	<input type="checkbox"/>	Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	Knocked out / Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Heat related problems
<input type="checkbox"/>	<input type="checkbox"/>	Single Testicle	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Recent Mononucleosi
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Enlarged Spleen
<input type="checkbox"/>	<input type="checkbox"/>	Dizzy / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia
<input type="checkbox"/>	<input type="checkbox"/>	Organ Loss (kidney, spleen, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Overnight in hospital
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed EPI PEN	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (Food, Drugs) _____
<input type="checkbox"/>	<input type="checkbox"/>	Medications _____						

List Dates for: Last Tetanus Shot: \_\_\_\_\_ Measles Immunization: \_\_\_\_\_ Meningitis Vaccine: \_\_\_\_\_

### PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

1. If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary. Yes No
2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately. Yes No
3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school. Yes No
4. By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s). Yes No

Date Signed by Parent \_\_\_\_\_ Signature of Parent \_\_\_\_\_ Typed or Printed Name of Parent \_\_\_\_\_

### II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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**GENERAL MEDICAL EXAM :**

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
(if Needed)		

COMMENTS: \_\_\_\_\_

**OPTIONAL EXAMS:**

**VISION:**  
 L: \_\_\_\_\_ R: \_\_\_\_\_ Corrected: \_\_\_\_\_

**DENTAL:**  
 1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16  
 31-30-29-28-27-26-25-24-23-22-21-20-19-18-17

**ORTHOPAEDIC EXAM :**

	Norm	Abnl
<b>I. Spine / Neck</b>		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. Upper Extremity</b>		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers		
<b>III. Lower Extremity</b>		
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

From this limited screening I see no reason why this student cannot participate in athletics.

- Student is cleared
- Cleared after further evaluation and treatment for: \_\_\_\_\_
- Not cleared for:      contact      non-contact

Printed Name of MD, DO, APRN or PA \_\_\_\_\_ Signature of MD, DO, APRN or PA \_\_\_\_\_ Date of Medical Examination \_\_\_\_\_

This physical expires one year from the date it was signed and dated by the MD, DO, APRN or PA



**AUTHORIZATION FOR TREATMENT AND  
 WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

1. In consideration for participating in athletic events sponsored by, or in any way involving, the Calcasieu Parish School Board or any of its schools, I hereby release, waive, discharge and covenant not to sue the Calcasieu Parish School Board, its members, agents, faculty, staff, administrators, officers, servants, and employees (hereinafter referred to as CPSB) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that I may sustain or experience while participating in such activity, or while in, on or upon the premises where the activity is being conducted or in transportation to and from said premises.
  
2. To the best of my knowledge, the student-athlete can fully participate in sports activities. I am fully aware of risks and hazards connected with the activity, and I hereby allow the student-athlete to voluntarily participate in said activity and engage in such activity knowing that the activity may be hazardous. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained, or any loss or damage to property owned, as a result of the student-athlete being engaged in such an activity.
  
3. I authorize all medical treatment that may become necessary as a result of the student-athlete's participation in athletic events.

In signing this release, I acknowledge and represent that I (a) have read the foregoing document, understand it and sign it voluntarily; (b) have received no oral representations, statements or inducements apart from the foregoing written agreement; and (c) am fully competent and the proper person to execute this document.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Student Athlete (Printed Name)

\_\_\_\_\_  
 Parent/Guardian (Printed Name)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian (Signature)

\_\_\_\_\_  
 Date

CALCASIEU PARISH SCHOOL BOARD  
3310 Broad Street  
Lake Charles, Louisiana

**Insurance Statement Form**

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

I, the undersigned parent or guardian, give my child permission to participate in all school sponsored athletics. I sign this form with the understanding that neither the school nor the Calcasieu Parish School Board assumes any liability for accident or injury to my child while participating in school sponsored athletics. I also understand that, in the event of injury to my child, I will assume all liability incurred.

I recognize that the Calcasieu Parish School Board requires each student athlete to be protected for medical expenses in the event of injury, and I must provide coverage for my child's medical expenses resulting from injuries that might occur during school sponsored athletics. I certify that my child is protected for medical expenses resulting from injury through the coverage noted, and I agree to maintain coverage for my child for injury throughout participation in school sponsored athletics. If my child changes or loses coverage while participating in school sponsored athletics, I will immediately alert the Calcasieu Parish School Board. I acknowledge that my child will not be allowed to participate until coverage is reinstated. I understand that the Calcasieu Parish School Board is not responsible for any medical costs associated with any injuries my child might sustain while participating in school sponsored athletics.

\_\_\_\_\_ My child is covered for medical expenses that might result from injury during school sponsored athletics as follows:

\_\_\_\_\_ Private Insurance (Proof of coverage attached)

\_\_\_\_\_ I acknowledge that I can purchase K&K Student Accident Insurance Policy to supplement any unpaid portion of a student accident claim such as deductible or out-of-pocket expenses that are remaining after filing with my private insurance.

\_\_\_\_\_ Medicaid (Proof of coverage attached)

\_\_\_\_\_ My child is not covered for medical expenses that might result from injury during school sponsored athletics and I wish to enroll my child in K&K Student Accident Insurance Policy. (See enclosed brochure and attach proof of coverage).

**SIGNED:** Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Student Athlete: \_\_\_\_\_

Date: \_\_\_\_\_



**PERSONAL INFORMATION SHEET**

*One copy will stay on file at the school site, and a second copy will be used when traveling*

**Athlete Information:**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAMILY DOCTOR: \_\_\_\_\_

EMERGENCY CONTACT (RELATION AND PHONE #): \_\_\_\_\_

CPSB ID#: \_\_\_\_\_ CURRENT MEDICATIONS: \_\_\_\_\_

ALLERGIES? / ASTHMA? / DIABETES?: \_\_\_\_\_

**RESPONSIBLE PARTY OF ATHLETE:**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAMILY DOCTOR: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**MEDICAL INSURANCE:**

PRIMARY INSURANCE:

INSURED'S NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

GROUP #: \_\_\_\_\_ POLICY #: \_\_\_\_\_

SECONDARY INSURANCE:

INSURED'S NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

GROUP #: \_\_\_\_\_ POLICY #: \_\_\_\_\_

***Should my son/daughter require emergency service during a supervised extra-curricular event when I am not present, I give permission to the CPSB personnel on-site to file a claim for such services with the above health care insurer.***

\_\_\_\_\_  
 Parental Signature

\_\_\_\_\_  
 Date

This form will be filed as permanent record in the athlete's folder.  
 Please notify the school's athletic department of changes to insurance policies.

**SCHOOLS MUST MAKE A SECOND COPY OF THIS FORM FOR TRAVEL**



**Sam Houston High School Pride and Spirit Band**  
Terry L. Gould, Director of Bands; Taylor H. Teague, Assistant Director  
880 Sam Houston Jones Parkway Phone (337)217-4480 ext. 5122  
Lake Charles, LA 70611 Fax (337)217-4481

Sam Houston Pride & Spirit Band  
Student Information Sheet

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Entering grade: 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> (Please circle one)

Student ID # \_\_\_\_\_ Main Instrument \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: \_\_\_\_\_

CPSB Email: \_\_\_\_\_

(Parent or Guardian name): \_\_\_\_\_

Relationship to student: \_\_\_\_\_



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Terry L. Gould, Director of Bands; Taylor H. Teague, Assistant Director  
880 Sam Houston Jones Parkway Phone (337)217-4480 ext. 5122  
Lake Charles, LA 70611 Fax (337)217-4481

Sam Houston Pride & Spirit Band  
Band Booster Information Sheet

(Students) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

( Parent or Guardian)

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please check the items that you may be interested in helping the boosters out with. Parent participation is vital to the success of our band program. These are just a few things that are needed. We look forward to meeting everyone.

\_\_\_\_\_ Carpentry

\_\_\_\_\_ Sewing/ alterations to uniforms

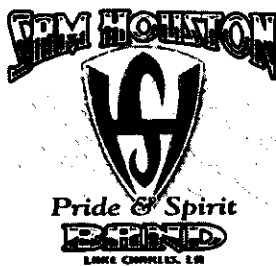
\_\_\_\_\_ Available to chaperone (Friday night home/away games, festivals, parades etc....) Some of these events may take place at night, during the day, and on Saturday.

\_\_\_\_\_ Pulling the band trailer (it is a bumper pull)

\_\_\_\_\_ Driving a U-haul

\_\_\_\_\_ Giving water/ popsicle for Monday night practices

\_\_\_\_\_ If you would be interested in heading up one of our Booster jobs ( Chaperone coordinator, Concession stand / bake sale/ BBQ coordinator, McNeese Concession for Saturday football games.



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Terry L. Gould, Director of Bands; Taylor H. Teague, Assistant Director  
880 Sam Houston Jones Parkway Phone (337)217-4480 ext. 5122  
Lake Charles, LA 70611 Fax (337)217-4481

Sam Houston Pride & Spirit Band  
Parent Information Sheet

(Student) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

(Mom's) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

(Dad's) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

(Guardian) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Mom's) Cell #: \_\_\_\_\_

(Dad's) Cell # \_\_\_\_\_

(Guardian's) Cell # \_\_\_\_\_

(Parent or Guardian email) \_\_\_\_\_