

Leon High School Band Activity Parental/Guardian Consent Contract

I/We hereby grant permission for (print student name) _____, to participate in all Leon High School Band activities and trips during the school year 2009-2010, including the summers before and after the fiscal school year. These trips or activities include but are not limited to: band camp, band rehearsals, all football games, marching band festival(s), concert band and symphonic band performances and trips, parades, fundraising activities, and all FBA Music Performance Assessment Festivals.

I/We understand the method of transportation will usually be by school bus or charter bus, but in some special situations, it may be necessary to travel by private vehicle. If this should occur, the driver of the private vehicle will be an adult and a licensed driver over the age of 25.

I/We understand that under present law, if my/our child is riding in a private passenger automobile that is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/we agree to submit any medical bills incurred to my/our insurance company for payment.

Auto Insurance Company: _____ Policy Number: _____

I/We consent to medical treatment and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my/our child or our property resulting from such participation.

Medical Insurance Company: _____ Policy Number: _____

I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/we have not been advised or informed by anyone to the contrary. **If there is any condition that may limit participation in any band activity, please describe here, in addition to the attached medical information form:**

I/We further agree to inform the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named.

I/We understand that all necessary precautions will be taken by the teacher, school, and the School Board of Leon County for the welfare of my child, and I will not hold those parties responsible in case of injury to my child.

Signature of Guardian #1 Date

(optional) Signature of Guardian #2 Date

Print Name of Guardian #1

Print Name of Guardian #2

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Cell-Phone: _____

Cell-Phone: _____

E-Mail: _____

E-Mail: _____

This application to participate in the Leon High School Band Program is made with the understanding that I have not violated any of the eligibility rules and regulations of the Florida High School Student Activities Association or FSMA. I understand that any misrepresentation of eligibility, as well as any future violation of these and all other rules and regulations of this organization, will result in dismissal from the organization. I understand that my membership in the Leon High School Band Program is contingent upon the completion of this form in a satisfactory manner, and understanding of the policies and rules set forth in the Band Handbook. Additionally, I agree to accept full responsibility for any and all Leon High School Band instruments and equipment, and will reimburse the band program fully for any damage or misuse due to my negligence.

Student Signature: _____

Date: _____

Medical Information Form

This form covers all trips and activities of the Leon High School Band for the summer and regular school year 2008-2009. Current personal health and medical history is attested by parents to be accurate. Information given is confidential, accessed only by the band director, or in an emergency the head chaperone or medical professionals. *This is to be filled out by parent or guardian. Please print as neatly as possible, in ink.*

Identification:

Student Name _____ Date of Birth _____ Age _____ Gender _____

Social Security Number _____ Instrument(s): _____

Names of Parent(s) or Guardian(s) with custody of above student: _____

Home Address _____ City _____ Zip: _____

Home Phone: _____ Student cell phone: _____ Student e-mail: _____

Father Work Phone: _____ Father Cell Phone: _____ Father Email: _____

Mother Work Phone: _____ Mother Cell Phone: _____ Mother E-mail: _____

If parents or guardians named above are not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone Number(s) _____

Name _____ Relationship _____ Phone Number(s) _____

Name of Personal Physician _____ Phone: _____

Check all that apply, past or present. Explain any "Yes" answers

Allergies: Food, medicines, insects, plants: Yes No Explain: _____

High Blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney disease <input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer/Leukemia <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Knee/Foot Trouble <input type="checkbox"/> Yes <input type="checkbox"/> No
Convulsions/Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No	Hemophilia <input type="checkbox"/> Yes <input type="checkbox"/> No	Musculoskeletal <input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Difficulty <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Trouble <input type="checkbox"/> Yes <input type="checkbox"/> No	

Explain any "Yes" answers above _____

List any medications to be taken while on a trip: _____

List any physical or behavioral conditions that may affect or limit full participation in marching, playing strenuous games, swimming, running, or stretching:

List medications currently taken within the last month: _____

Other Medical Limitations or Information:

(Please list any known allergic reactions (bees, ants, medications, etc.). Indicate any condition such as asthma, wheezing, heart disease, seizures, diabetes, muscular or skeletal problems, or any other medical condition you would like called to the schools' attention. Feel free to call the school in advance of any activity to discuss any specific health problems, but please note it on this form also. Attach extra documents, if necessary.)

The above is correct to the best of my knowledge. Except as noted below, chaperones have my permission to give my child such "over-the-counter" medications as Tylenol, Ibuprofen (Advil), antihistamine, decongestant, etc. when on band trips.

Exceptions: _____

Signature, parent/guardian: _____ Date: _____

Section 1

APPLICATION FOR ACTIVITY PARTICIPATION

A. Name: _____ Grade: _____ School: Leon High School
Address: _____ Home Phone _____ Parent's Work Phone _____

I have read and understood all sections of this form that apply to my child. I certify that _____,
Who is a student and whose name is as it appears on his/her birth certificate, is my child or my legal ward, resides with me, and
has been residing with me since (date) _____ at the following address _____ (above)

Date _____ Signature of Parent or Legal Guardian _____

B. Permission for Supervised Field and Activity Trips

During the school year, it sometimes becomes desirable to add to the educational experience of our students through planned visits to points outside of the school building. The visit might be a short field trip to a local point of educational interest, or on the middle and senior high school level, it might involve representing the school out of town in some group activity, such as band, chorus, athletic, academic, service club events, etc.

We request that you grant permission for your child to participate in any such trip during the entire school year so that we may keep this form on file and avoid the necessity of asking for such permission on each occasion. The Leon County School Board has authorized the use of buses, private passenger cars, and those approved vans that meet all of the Federal Safety Standards to transport students to any such trips. Notification will be provided to you concerning the type of transportation to be used. School officials will provide trip itinerary for all out of county trips.

PART I: CONSENT

The undersigned as parent or guardian gives consent for the participant to use the Leon County School Board – approved means of transportation as a representative of Leon High School for the supervised field and/or activity trips.

Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

The undersigned as parent or guardian does not give consent for the participation to use the Leon County School Board- approved means of transportation as a representative of _____ School for the supervised field and/or activity trips.

Date _____ Signatruue of Parent or Legal Guardian _____

C. MEDICAL RELEASE

PART I: CONSENT

The undersigned as the parent(s) and/or legal guardian(s) of _____ do hereby authorize the agent or officials of the Leon County School Board to obtain, through a physician of it's choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. No action shall be taken until an attempt is made to contact me at the phone number(s) listed below. Payment of all charges incurred for medical treatment is guaranteed by parent/guardian or the insurance company providing coverage for above named student.

Home Phone _____ Business Phone _____ Mobile Phone _____

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

As parent or guardian of _____ I do not desire to sign the medical and surgical release form above.

Date _____ Signature of Parent or Legal Guardian _____

D. INSURANCE

As parent or guardian of the student identified herein, I understand that the School Board of Leon County is not liable for injuries to participants in school activities. I further understand that all students shall be required to have proper medical insurance before they will be permitted to practice and participate in any co-curricular activity or field trip program.

Date _____ Signature of Parent or Legal Guardian _____

The following options shall be the only acceptable ones: (Please check your selected option)

1. = Personal Medical Insurance. The use of your personal medical or active/retired military insurance shall cover the activity(s) that your son or daughter will be participating in the current school year, and the insurance covers a minimum of \$25,000.

Company _____ Policy Number _____

2. = Student Activities Insurance Made Available through the School Board of Leon County. The cost of the insurance is to be paid by the student participating (each year the county will publish the School Board of Leon County Insurance Plan for students). See school front office for details. **(the Leon High School Front office can be reached at 488-1971)**

(Section II and Section III apply only to Athletic Activities, and therefore have been omitted from this form for Band Students)

Marching Band Uniform Fitting

(Please have available on Uniform Fitting Day)

Name: _____ Instrument _____ Grad Year _____

Home Phone: _____ Cell Phone: _____ Email: _____

Please take the following measurements as explained below, record the information, and return this form to Mr. Thornton on the first day of summer band camp. If you have any questions, please call Melanie Goodson at 321-2008.

1. HEAD _____ inches
Measure around above the ears and eyebrow ridges.

2. CHEST _____ inches
With arms relaxed at sides, measure around the fullest area of the chest keeping the tape parallel to the floor

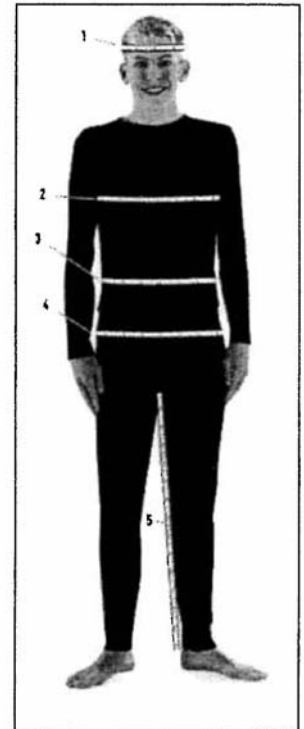
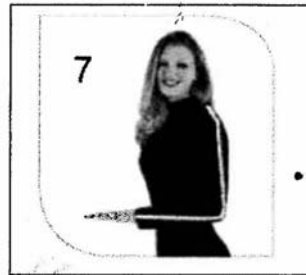
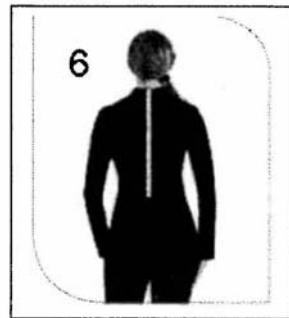
3. WAIST _____ inches
Measure around the narrowest area of the natural waist (navel area)

4. HIPS _____ inches
With heels together measure around the fullest area of the hips

5. INSEAM _____ inches
Measure along the inside of the leg from the crotch to the bottom of the ankle (just below the ankle bone).

6. BACKLENGTH _____ inches
Measure from the base of the neck to the natural waistline (see 3. WAIST above).

7. ARM OUTSEAM _____ inches
With arm bent at about 90 degrees, measure from the center of the back to the neck, down the arm around the elbow to the wrist bone.



Chaperone Volunteer Form

Parent(s) Names: _____ E-Mail: _____

Student Name: _____ Phone: _____

Chaperones are needed for every football game (home and away) as well as every trip the band goes on.

Special Information for Chaperones

1. In an effort to allow as many parents as possible to be involved, the chaperone/trip chairperson will be contacting every parent to chaperone.
2. Duties and obligations (from FBA) are explained on back of this form. Read Carefully before you volunteer.
3. Please make arrangements to report on time.
4. Overnight trip chaperones will be coordinated by the director with the trip committee.
5. Please check below, the events that you would like to chaperone. Keep in mind that you will be contacted by the chaperone chairperson for each event. Do not assume that you are “on” to chaperone unless the chairperson calls you

- Leon Home Football Games (see band handbook for dates)
- Veteran’s Day Parade
- FBA Marching Festival: November 3
- FBA Concert Festival: March TBA
- FBA State Band Festival: April TBA
- Spring Trip: April TBA
- Springtime Tallahassee Parade

If you have any questions, please call the Chaperone Chairperson or the band room at 488-4843

Parent Volunteer Form

Parent/Guardians Name(s): _____

Student Name: _____

Phone Number(s): _____ E-Mail: _____

We really appreciate any help you can offer the Leon Band. Parents, please check the areas below in which you would be willing to volunteer. No commitment is made by filling out this form, it's just so the director and booster chairpersons know who to call for help.

Maintenance/Construction:

- PVC Pipe
- Woodworking
- Painting
- Electrical Work
- Plumbing
- Carpeting
- Instrument repair
- Welding
- Other _____

- Sewing, Alteration of Uniforms and Flags
- Provide Access to Printing Services
- Cooking/Baking (ex. For Spaghetti dinner, Chicken Dinner, bake sales, etc)
- Decorations for Concerts, banquet, dinners, etc.
- Chaperone for Trips (see chaperone volunteer form)
- Nurse/EMT/Medical
- School Bus Driver (CDL Licensed and BCSB Trained)
- Truck/Trailer driver (do you have a large truck/trailer we could use to transport equipment?)
- Secretarial (typing, data entry, word processing, etc.)
- Digital Audio Recording (or at least knowledge of how to operate the equipment)
- CD and/or DVD Bulk Duplication
- Stage/Theatre Lighting
- Other _____

Be sure to document volunteer hours and submit them to the Band Booster Secretary each month.