
2023–2024 Leon High School Band

Student and Parent/Guardian Information Form

Student Information

Name: _____ Date of Birth: _____ Sex: _____

Address (Street, City): _____, FL Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Middle School Attended: _____

Instrument(s): _____

Clothing Sizes

(Veteran band members: complete this box ONLY IF you want new clothing or need a new size.)

Polo Shirt Size: _____ T-Shirt Size: _____ Shorts Size: _____

Concert Shirt Sizing

(Refer to the back of this form on how to measure the four parts for a proper fit)

Collar: _____ inches Sleeve: _____ inches Chest: _____ inches Waist: _____ inches

Parent/Guardian Information

Parent/Guardian 1

Name: _____ Relationship to Student: _____

Address (Street, City): _____, FL Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Occupation: _____

Primary Email Address: _____

Alternate Email Address(es): _____

I am interested in purchasing a Leon Band polo shirt (\$15 S–XL, \$18 2XL–4XL): Size: _____

Parent/Guardian 2

Name: _____ Relationship to Student: _____

Address (Street, City): _____, FL Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

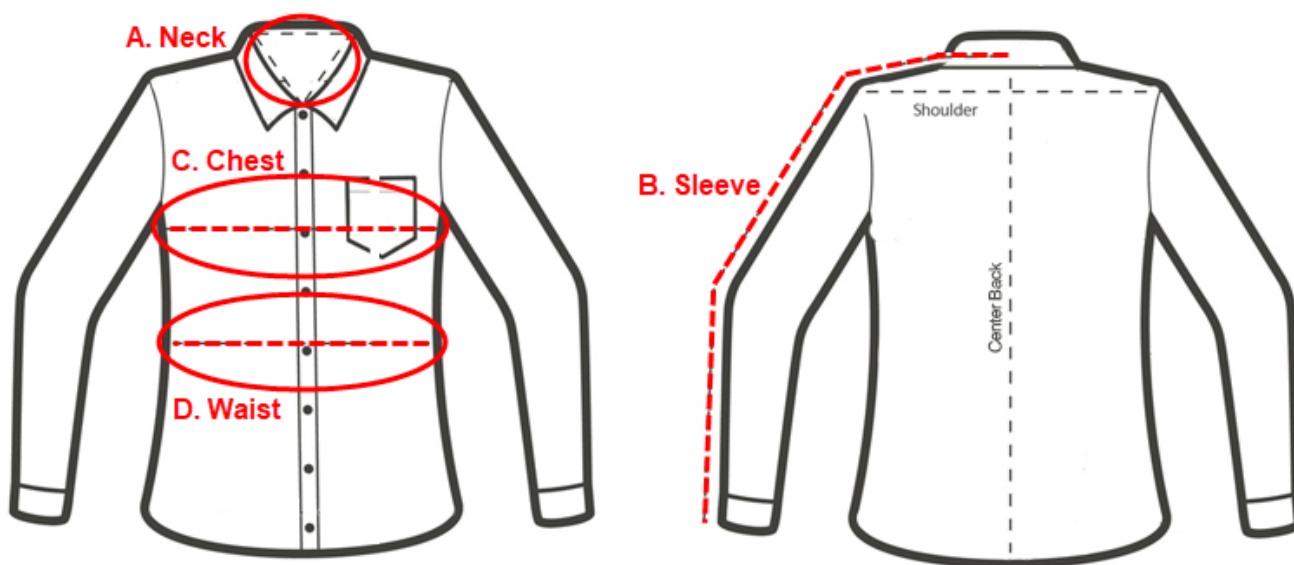
Work Phone: () _____ Occupation: _____

Primary Email Address: _____

Alternate Email Address(es): _____

I am interested in purchasing a Leon Band polo shirt (\$15 S–XL, \$18 2XL–4XL): Size: _____

Concert Shirt Sizing Guide



A. To measure the collar:

Measure around the base of the neck where the shirt collar sits comfortably. Add 1–2 fingers in between the tape measure and your neck to ensure space for breathing.

B. To measure the sleeve:

Start the tape measure at the center back of the neck (spine) and extent the tape measure over the top of the shoulder and down to the point where the hand starts to widen at the wrist. Make sure arms are slightly bent (naturally bent) and not completely straight. Round up to the nearest inch.

C. To measure the chest:

Wrap the tape measure around the widest part of the chest and back, which is approximately under the arms. Take a deep breath to allow for the maximum amount of chest expansion so the shirt is not constricting. Keep the tape measure parallel to the ground (red dotted line in the diagram).

D. To measure the waist:

Wrap the tape measure around the waistline, which is the narrowest part of the waist and roughly at the height of the belly button (red dotted line in the diagram). Stand naturally to get a correct measurement.

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 (LHS) band activities and trips during the school year 2023–2024, 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 Florida Bandmasters Association (FBA) Music Performance Assessment (MPA) 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.

Parent/Guardian #1 Signature	Date	(Optional) Parent/Guardian #2 Signature	Date
Print Parent/Guardian #1 Name		Print Parent/Guardian #2 Name	
Home Phone: ()		Home Phone: ()	
Cell Phone: ()		Cell Phone: ()	
Work Phone: ()		Work Phone: ()	
Email: _____		Email: _____	

This application to participate in the LHS band program is made with the understanding that I have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association (FHSA) or Florida School Music Association (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 Leon Band is contingent upon the completion of this form in a satisfactory manner and my understanding of the policies and rules set forth in the Leon Band Handbook. Additionally, I agree to accept full responsibility for any and all LHS band instruments and equipment and will reimburse the band program fully for any damage or misuse due to my negligence.

Student Signature: _____ Date: _____

2023–2024 Leon High School Band

Fee Schedule Form



The band fee for students in Leon Band is \$250 annually. While these fees might seem high, they are the second lowest in Leon County. Additionally, these cover music performance assessment (MPA) costs, buses, trucks, food, uniform equipment, and more throughout your time with Leon Band.

Additionally, we are very excited that through the generous donation of our principal and our superintendent, we are able to provide lowered fees. Therefore, the payment options are as listed below.

Fee Payment Options

Please select one of the following options for payment:

Option 1: One-time payment with 10% discount

\$225.00 required total per student, payable by cash/check

The total fee must be paid by August 1, 2023, to be eligible for the discount. Any payment received after August 1 needs to be for the full amount of \$250.

Option 2: 25% deposit, the fundraiser/pay remaining balance

\$62.50 first payment (i.e., 25% deposit) is due by August 1, 2023.

Students will then fundraise using Poinsettia Fundraiser (November), Boston Butt (January), and concessions through the year. All of these fundraisers contribute directly to student accounts. These are deducted from your \$250 payment.

The remaining balance of the student account after fundraisers is due by March 1, 2024.

Option 3: 10-month payment plan

\$25.00 paid per month for 10 months

Families are welcome to pay ahead where applicable.

Note: Participation in fee fundraisers can help lower monthly payments.

If these options are financial hardships on your family, please speak with Mr. Commander personally to discuss other options.

Parent/Guardian Acknowledgment and Agreement

I agree to pay band fees through the above selected option. I understand that unpaid bills will be added to the student debt list.

Parent/Guardian Name: _____ Phone Number: (____) _____

Parent/Guardian Signature: _____

Student Name: _____ Grade: _____

Student Band Section/Instrument(s): _____

2023–2024 Leon High School Band – Auxiliary Fee Schedule Form



The band auxiliary fee for students in Leon Band is \$350 annually. While these fees might seem high, they are the second lowest in Leon County. Additionally, these cover music performance assessment (MPA) costs, buses, trucks, food, uniform equipment, and more throughout your time with Leon Band.

Additionally, we are very excited that through the generous donation of our principal and our superintendent, we are able to provide lowered fees. Therefore, the payment options are as listed below.

Fee Payment Options

Please select one of the following options for payment:

Option 1: One-time payment with 10% discount

\$315.00 required total per student, payable by cash/check

The total fee must be paid by August 1, 2023, to be eligible for the discount. Any payment received after August 1 needs to be for the full amount of \$350.

Option 2: 25% deposit, the fundraiser/pay remaining balance

\$87.50 first payment (i.e., 25% deposit) is due by August 1, 2023.

Students will then fundraise using Poinsettia Fundraiser (November), Boston Butt (January), and concessions through the year. All of these fundraisers contribute directly to student accounts. These are deducted from your \$350 payment.

The remaining balance of the student account after fundraisers is due by March 1, 2024.

Option 3: 10-month payment plan

\$35.00 paid per month for 10 months

Families are welcome to pay ahead where applicable.

Note: Participation in fee fundraisers can help lower monthly payments.

If these options are financial hardships on your family, please speak with Mr. Commander personally to discuss other options.

Parent/Guardian Acknowledgment and Agreement

I agree to pay band auxiliary fees through the above selected option. I understand that unpaid bills will be added to the student debt list.

Parent/Guardian Name: _____ Phone Number: (____) _____

Parent/Guardian Signature: _____

Student Name: _____ Grade: _____

Student Band Section/Instrument(s): _____

2023–2024 Leon High School Band

Medical Information Form

This form covers all trips and activities of the **Leon High School (LHS)** band for the summer and regular school year **2023–2024**. Current personal health and medical history is attested by parents/guardians to be accurate. Information given is confidential, accessed only by the band director, or in an emergency, by the head chaperone or medical professionals.

This is to be filled out by parent/guardian. Please print as neatly as possible, in blue or black ink, or type.

Student Identification

Student Name: _____ Date of Birth (mm/dd/yyyy): _____

Age: _____ Gender: _____ Social Security Number: _____

Instrument(s): _____

Main Contact Information

Parent/Guardian #1 Name: _____ Relationship to Student: _____

Parent/Guardian #2 Name: _____ Relationship to Student: _____

Address (Street, City): _____

State: FL Zip Code: _____

Home Phone: (____) _____ Student's Cell Phone: (____) _____

Student's Email Address: _____

Parent/Guardian #1's Work Phone: (____) _____ Cell Phone: (____) _____

Parent/Guardian #1's Email Address: _____

Parent/Guardian #2's Work Phone: (____) _____ Cell Phone: (____) _____

Parent/Guardian #2's Email Address: _____

Alternate/Emergency Contact Information

If parent(s)/guardian(s) named above are not available, in the event of an emergency, please notify:

Name: _____ Relationship to Student: _____

Phone Number(s) (include area code(s)): _____

Name: _____ Relationship to Student: _____

Phone Number(s) (include area code(s)): _____

Name of Physician: _____ Phone Number: (____) _____

Medical Information

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

Allergies: Food, medicines, insects, plants, etc. Yes No

If "Yes," explain: _____

Student Name: _____

High blood pressure Yes No If “Yes,” explain: _____

Cancer/leukemia Yes No If “Yes,” explain: _____

Convulsions/seizures Yes No If “Yes,” explain: _____

Hearing difficulty Yes No If “Yes,” explain: _____

Asthma Yes No If “Yes,” explain: _____

Diabetes Yes No If “Yes,” explain: _____

Hemophilia Yes No If “Yes,” explain: _____

Heart trouble Yes No If “Yes,” explain: _____

Kidney disease Yes No If “Yes,” explain: _____

Knee/foot trouble Yes No If “Yes,” explain: _____

Musculo-skeletal trouble Yes No If “Yes,” explain: _____

Extra space to explain any “Yes” answers: _____

List any medications and dosage 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** (e.g., 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 school’s 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/provide 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 (OTC) medications as Tylenol, Ibuprofen (Advil), antihistamine, decongestant, etc., when on band trips.

Exceptions: _____

Parent/Guardian Signature: _____

Date: _____