

NOTORIZE & RETURN FORM TO BAND OFFICE
TREASURE COAST HIGH SCHOOL
BAND PARTICIPATION / MEDICAL PERMISSION FORM

STUDENT NAME _____ AGE _____

ADDRESS _____ DATE OF BIRTH _____

PHONE # _____ SOCIAL SECURITY # _____

PARENT OR LEGAL GUARDIAN NAME(S) WORK PHONE #(S)

I, the undersigned parent or legal guardian of _____

Grant full permission to any physician or hospital to take any action deemed necessary in case of an accident or illness.

I, the undersigned parent of legal guardian agree to all policies as set forth in the Treasure Coast High School Band Handbook. I grant full permission for my child to be an active member of the Treasure Coast High School Band and to attend all required band functions.

(PARENT OR LEGAL GUARDIAN SIGNATURE) (DATE)

In Case of Accident or Illness notify:

NAME _____ PHONE _____

NAME _____ PHONE _____

List any prescriptions or medications your child takes on a regular basis:

List any medications that your child is allergic to:

List any special medical condition(s), allergy, or other problems your child may have: _____

Physician Name: _____ Phone: _____

INSURANCE COMPANY _____

POLICY # _____ PHONE # _____

*****PLEASE ATTACH A COPY OF YOUR INSURANCE CARD*****

(PARENT OR GUARDIAN SIGNATURE)

(DATE)

NOTARY STATEMENT...

Page 1 and 2 of this document.

Sworn to and subscribed before me this _____ day of _____ 20____;

NOTARY PUBLIC / STATE OF FLORIDA

SEAL OF NOTARY

My Commission Expires: _____

TREASURE COAST HIGH SCHOOL BAND CONTRACT / AGREEMENT 2015-2016

(Please Print the Following Information)

STUDENT NAME _____ ID # _____ GRADE _____

STUDENT'S E-MAIL _____ STUDENT'S CELL PHONE _____

PRIMARY PARENT CONTACT /LEGAL GUARDIAN _____

HOME PHONE OF PRIMARY CONTACT _____ CELL _____

WORK PHONE OF PRIMARY CONTACT _____ E-mail _____

MAILING ADDRESS: STREET or P.O. BOX _____

CITY _____ ZIP _____

I, the undersigned parent/legal guardian of _____, grant full permission for my student (named above) to fully participate in the TCHS Band for the school year 2015-2016. By definition the term "TCHS Band" refers to all sections that comprise the band as one unit (example: Woodwinds + Brass + Percussion + Flag Corps = TCHS Band).

I agree to fully support my student's membership in the TCHS Band and agree that both my student and I will abide by all TCHS Band policies including those as stated in this agreement. I understand that this is a yearlong commitment to the TCHS Band and that all activities including rehearsals, performances, field trips, meetings, and other activities as listed on the official band calendar are mandatory unless the student is duly excused according to the official TCHS Band policy. I agree for my student to be photographed for approved school purposes. I also acknowledge and understand the SLCSB policies regarding hazing and bullying.

I pledge that my student will:

- ❖ Fully participate in the TCHS Band Program for the entire school year 2015-16
- ❖ Attend all events and activities as posted and as updated on the official band calendar
- ❖ Be present for Band Camp – (All Members)
- ❖ Be present and accountable for all posted Band Activities and Events as per the Official Band Calendar throughout the year (2015-16) including but not limited to the following specific events (see band calendar for specific dates):
 - August thru November 2015 – In general, rehearsals will be held every Tuesday & Thursday afternoon ; (See Band Calendar for Specifics)
 - 2015 Football Games as listed on the band calendar

- Play-off Games as follows until team loses or wins State.
 - Marching Festival – October 10, 2015, October 17, 2-15
 - FBA Marching Festival – October 24, 2015
 - Fall Concert (Concert and Jazz Bands) – October 27, 2015
 - FBA Marching Festival (Rain Date – Hold Open If Needed) – November 7, 2015
 - Holiday Parade – December 5, 2015
-
- ❖ Winter Concert (Prism Concert)- December 10-11, 2015
 - ❖ Martin Luther King, Jr. Parade- January 18, 2016
 - ❖ Chamber Winds Concert- February 2, 2016
 - ❖ Jazz MPA (Jazz Band only) – February 4, 2016
 - ❖ District Solo / Ensemble (Hold Both Open) – February 5-6, 2016
 - ❖ District Concert Festival – (Hold Both Days Open) – March 4-5, 2016
 - ❖ State Concert Festival – April 27-29, 2016
 - ❖ Annual Spring Concert – May 9 & 12, 2016
 - ❖ Graduation – May 20, 2016
 - ❖ Additional events will be posted as soon as they are known. It is the responsibility of each student and parent to check the band calendar for events and for changes in the calendar.

Note: Contracts will be accepted through August 28, 2015. A signed notarized contract and medical form must be on file before the student can participate in band activities after this date.

Please refer to the next page for notary and parental signatures.

Sign in Presence of Notary only

Guardian Statement

I, the undersigned legal guardian of the above named student have read, understand, and agree to the terms, conditions, policies, rules, and dates as outlined in this specific contract / agreement. In addition, I further agree that I and my student will abide by the policies as stated in the official TCHS Band Handbook and agree to participate in the events as posted on the official Band Calendar.

I acknowledge one of the following statements (check one):

- I have access to the TCHS Band Handbook and the TCHS Band Calendar located on the internet at the TCHS Band website and that it is my responsibility to be fully informed and aware of the contents of said handbook and calendar

OR

- It is my responsibility to request a written copy of the TCHS Band Handbook and the TCHS Band Calendar from the band office and that it is my responsibility to be fully informed and aware of the contents of said handbook and calendar

Legal Guardian Signature Date

Notary Statement

Sworn to and subscribed before me this _____ day of _____ 20__.

Notary Public – State of Florida (Seal)

My Commission Expires: _____

ST. LUCIE COUNTY SCHOOL BOARD
Treasure Coast High School – Performing Arts Department
Band and Chorus

ANTI-HAZING EDUCATION ACKNOWLEDGEMENT

The St. Lucie County School Board (SLCSB) **Board Rules 3.43 and 4.50** prohibits bullying and hazing. Hazing is defined as recklessly or intentionally endangering the mental or physical safety or health of any student for purposes including, but not limited to, initiation or admission into or affiliation with any organization operating under the sanction of a high school and in accordance with section 1006.63, F. S.

Hazing is prohibited under the SLCSB *Code of Student Conduct* and discipline of a student engaging in hazing shall be carried out consistent with the SLCSB *Code of Student Conduct*. I understand that hazing of any type (mental, verbal and physical acts) is not allowed on this campus or in relation to any athletic, band or cheerleading activity in which I am participating. I further understand that it is my responsibility to report any acts of hazing that I become aware of to a coach or administrator on campus.

By signing this acknowledgement, I agree to uphold this SLCSB policy for the entire academic school year and understand that any violation will result in my immediate suspension from the activity in which I am participating and further disciplinary action as outlined in SLCSB policy, procedure and *Student Code of Conduct*.

 Student Participant Signature

 Date

 Parent/Guardian Signature

 Date

Student ID # _____

APPENDIX A

**BAND HANDBOOK
STUDENT VERIFICATION**

I have read the Band Handbook and agree to adhere to the policies, rules and regulations established therein. I agree to discuss any questions or concerns that I may have with the director.

Student's Signature

Date

(Do not separate)

**BAND HANDBOOK
PARENT VERIFICATION**

I have read this band handbook and understand these policies, rules and regulations will be in effect for the current school year. I will forward all questions directly to the director.

Parent's Signature

Date

Due Friday, August 28, 2015

Student ID # _____

Appendix B
Media Release Form

To publicize the achievements of the members of Treasure Coast High School Band, we like to occasionally publish news about their accomplishments and upcoming events.

Please fill out the form below to indicate your desire to include or exclude your child in media relations.

2014 – 2015 School Year

Student Name: _____

Grade: _____

_____ I consent to having my child’s photo, name and/or achievements published in the school newspaper and/or newsletters, released to local newspapers or TV, and/or posted on the school’s web page.

_____ I **DO NOT** want my child’s photo, name, and/or achievements published in the school newspaper and/or newsletters, released to local newspapers or TV, and/or posted on the school’s web page.

Parent Signature

Date

Due Friday, August 28, 2015