CENTRAL HIGH SCHOOL MARCHING BAND & COLOR GUARD MEMBER ATTENDANCE CONTRACT

In order for the Central High School Marching Band and all performing groups to achieve the highest level of musical excellence, attendance at all rehearsals and performances is mandatory. Any potential conflicts with rehearsals or performances must be submitted in writing (using the attendance form) at least one month prior to the conflict. It is equally important for students to be on time and ready to begin (instruments, music, and equipment on person, dressed appropriately) at the designated starting time. It is important to note: in order to start on time, the student must arrive a few minutes prior to rehearsal. Any student not prepared to begin on time will be considered late.

Specific consequences for lateness, unexcused absences or inappropriate behaviour will be set and enforced by the band director, drum majors, or section leaders.

The only acceptable excuses for missing rehearsals or performances are:

- documented illness, with a doctor's note
- calendar religious holiday
- death in the family

This emphasis on attendance is for the good of the entire band. Without full attendance, we cannot function as a proper whole. Our team is harmed by inconsistent effort. Success will only come with consistent attendance at rehearsals by all members of the CHS Band.

I, _____, accept the terms of attendance for the Central Marching Band. I understand that if I violate this contract the director reserves the right to revoke my performing opportunities subject to the above penalties and/or remove me from band membership.

Signed

I have discussed the attendance policy of the band with my child and will support the band Policies regarding attendance

Signed (parent/guardian)

Signed (parent/guardian)

In order to ensure optimal attendance for all members at all events, the attendance contract between the student and the band must be signed and delivered to the band director prior to enrolling in band.

Date

Date

Date

Central High School Marching Band & Color Guard excused absence Form

***Note: an approved excused absence must follow the regulations designated in the student attendance contract. <u>Completion of this form does not constitute an excused absence</u>. The band director must approve all absences.

Name:	
Phone:	
Parent/Guardian name:	
Date submitted:	
Date of absence :	
Reason for absence (attach n	ecessary documentation):
Student signature	
Parent/guardian signature	
Director signature:	
□ Approved	□ Denied

Excused Absence Form must be submitted to the band director one month before absence if planned i.e. religious holiday or after the absence A.S.A.P. if it was unplanned i.e. sickness.

Central High School Marching Band & Color Guard

SPORTS ATTENDANCE CONTRACT

Waiver for members of fall athletic teams of Central High School:

The band program for Central High School fall athletes will accommodate limited specific provisions. It is possible that certain games away from Central High might come into direct conflict with band rehearsals. Therefore, student athletes must sign the sports attendance contract and have both the respective coach and band director sign off to avoid potential conflicts.

It is the intention of the band program to cooperate with the athletic programs so those students electing to participate in both may do so. However, this requires great organization and planning skills. Students who participate in sport practices are expected to be on time to band rehearsals.

In the event that a student is participating in an athletic game that would cause tardiness or absence to band rehearsal, the student will be excused without penalty. The student MUST provide a minimum of two weeks **notice** (but preferably before the season begins) to the band director in writing (using the attendance form). Students will make every effort to attend rehearsal. A show of good faith on the student is expected. If a conflict arises with less than two week's notice, like play offs, the written excuse will be subject to approval by the band director.

If a band performance conflicts with a sports practice, students will be expected to attend the band performance.

I have read the Sports Attendance Contract and understand the responsibility of accepting two Fall activities. I understand that attendance at all rehearsals and performances including Band Camp is required to maintain membership in the Marching Band.

I, am participating in both band and _	
(Student name)	(Sport)
I have read and I understand and accept the terms of the band/sports attenda	ance policy.

Student Signature

I understand that the above student is participating in both band and a Central High School sport. We will do our best to avoid conflicts and help the student succeed. I have read and discussed the sports attendance policy of the band with the student and will support the band policies regarding attendance.

Signed (parent/guardian)

Signed (Sports Coach)

Signed (Band Director)

Date

Date

Date

Date

Student & Family Information Form Fill In All Applicable Boxes. PLEASE PRINT CLEARLY.

Student Name	DIE DOXES. I LEASE I KINT CLEA		Date of Birth	
Address			Graduating Class	
City, Zip]	E-mail Address	
Home phone	()]	Instrument(s)	
Fax phone	()			
	□ Male			
	□ Female			
Father's Name			Mother's Name	
Address			Address	
City, Zip			City, Zip	
Home phone			Home phone	
Work phone			Work phone	
Cell phone			Cell phone	
Fax phone			Fax phone	
E-mail Address			E-mail Address	
Guardian's Name				
Address				
City, Zip				
Home phone	()			
Work phone	()			
Cell phone	()			
Fax phone	()			
E-mail Address				

QUARTER MASTER SURVEY FORM

UNIFORM INFORMATION

Student Name:

]	First name	Last Name	phone
Height			
Weight			
Waist			
Arm Length			
Leg Length			
Shoe Size			
Previous Uniform Nur	ıber		
Previous Helmet Numb	per		

***Note: All students are required to have their uniforms dry cleaned twice, before the first competition and again before championships.

Notes:

If your child is new to the band and does not know his/her uniform or helmet number, leave those sections blank and they will be filled out when uniforms are distributed.

Health History

Date:

_____200___

Student Name:

First name

Last Name

phone

	Yes	No	Please Note: All information provided by you will be kept in strictest confidence
1			Do you have any concerns about your child's general health (eating and sleeping habits, weight, teeth, etc.)?
2			Does your child have any other specific illness or problem?
3			Does your child have any allergies (food, insects, medications, etc.)?
4			Does your child take any medication (daily or occasionally)?
5			Does your child have any problem with hearing, vision or speech (glasses, contacts, ear tubes, hearing aids)?
6			Has your child had any hospitalisation, operation or major illness (specify problem)?
7			Has your child had any significant injury or accident (specify problem)?
8			Would you like to discuss anything about your child's health?

Mark an (x) in the box next to the medical condition listed below that applies to your health history:

Anemia	Pneumonia	Current Medications
Arthritis	Poliomyelitis	□ Yes (List Below)
Asthma	Psychological Disorder	
Bleeding Disorder	Rheumatic Fever	
Bronchitis	Scarlet Fever	
Chicken Pox	Sinusitis	
Convulsions/Neurological Disorders	Sleep Walking	
Diabetes	Thyroid Condition	
Eating Disorders	Tuberculosis	
Epilepsy	Tumors	
Eye Ailments		
Fainting	Visual	
Frequent Colds	Eye Glasses	
German Measles	Contact Lenses	
GI / Stomach Problems		
Headaches	Allergies	
Heart Ailments	Hay Fever	
Kidney Ailments	Insect Stings	
Measles	Penicillin	
Mononucleosis	Other	
Motion Sickness (Vertigo)		
Mumps		
Orthopaedic Fractures		

Primary Care Physician:	Office Phone Number:
Office Address:	
Insurance Name	Paste Front Copy of Insurance Card Here
Medical Insurance Policy Number	

If you don't have a primary care physician or insurance just leave the section blank and hand it in as it is.

Please Note: You must bring completed form to registration.		
Permission to Travel & Medical Release Form		
2009 Season - Central High School Marching Band & Color Guard		
Name of Student:		
Birth date: / /		
Name of Parents/Guardians:		
Home Phone: ()		
Work Phone: ()		
Work Phone: ()		

I give my child permission to travel with the Central High School Band on all school sponsored band trips and activities during the 2009-2010 school years.

In the event that reasonable attempts to contact me at (___) ____ or another parent/guardian at (___) _____ have been unsuccessful. I authorize Mr. Joe De Groate and/or supervising school staff or parent sponsors to seek medical treatment for my child. I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentists and the transfer of my child to any hospital reasonably accessible. This authorization does not cover any major surgery unless the medical opinions of two licensed physicians or dentists, concurring it necessity for such surgery is obtained prior to the performance of such surgery. I will list any medical conditions, allergies, prescribed medications, or other pertinent information that would aid in the treatment of my child on the lines provided.

(Parent / Guardian Sign	ature):	Date:

Photo Release Section

Check this box if you <u>**DO NOT**</u> want your child's photo to be released, used in band publications, or put on the band web site. (Note: All Band videos and group photos are the property of the band and can be used at their discretion)

I am aware that the CHS Marching Band might use my child's photo for their publications and I give permission for them to do so.

(Parent / Guardian Signature): Date:

Additional Comments:

Submit completed form to band director.

Parents - Tell Us About Yourselves

My name is _____

I am the mother/guardian of ______

I can do: (check all that apply)

Carpentry	
Painting	
Sewing	
Graphic Arts	
Web Design	
Cook and Bake	
I have a truck	
I have a Class 2 drivers license	
Yes, my employer will match my tax deductible donations. (matching contributions	
program)	
Yes, I work locally and I can offer my services as a daytime band chaperone.	
Yes, I am interested in volunteering my services to the Band Parents Committees	
Yes, I have local contacts with the news media	
Yes, I can approach my corporation or business to ask for support for the band	

My name is _____

I am the father/guardian of _____

I can do: (check all that apply)

Carpentry	
Painting	
Sewing	
Graphic Arts	
Web Design	
Cook and Bake	
I have a truck	
I have a Class 2 drivers license	
Yes, my employer will match my tax deductible donations. (matching contributions	
program)	
Yes, I work locally and I can offer my services as a daytime band chaperone.	
Yes, I am interested in volunteering my services to the Band Parents Committees	
Yes, I have local contacts with the news media	
Yes, I can approach my corporation or business to ask for support for the band	