

# Band Class Fee Sheet 2011-2012

This includes all students enrolled in  
Wind Ensemble, Symphonic Band, Concert Band, and Percussion Class

ROUTING
Unif _____
Treas _____
(for office use)

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

Parents' Names: \_\_\_\_\_ Parents' Email: \_\_\_\_\_

Instrument Played \_\_\_\_\_

Concert Season:	Fee	
Mandatory Band Class Fee	\$ 50.00	<u>\$50.00</u>
<u>Plus:</u>		
School Provided Instrument for use during the school year	\$ 60.00	_____
Percussion Instrument Fee (percussionists only)	\$ 80.00	_____
	<b>Total:</b>	_____

## Concert Attire:

**\*Guys must have full Tuxedo ensemble, Girls formal black floor length dress\***

Girls Concert Dress (ordered through SMHS - check the website <a href="http://www.smhsband.org">www.smhsband.org</a> for ordering information)	\$ 65.00	_____
	<b>Total Due:</b>	_____

Guys Full Tuxedo includes the following: Black single-breasted notched lapel tuxedo jacket, matching black pants, white tuxedo shirt w/studs, black bow tie, black cummerbund. Guys must wear black socks and black dress shoes. (Guys may NOT wear their marching shoes with the tuxedo.) The tuxedo may be purchased at JC Penney, Men's Wearhouse, After Hours Formalwear, J&R Clothing or another location of your own choosing.

**\*\* Parents are responsible for obtaining a tuxedo prior to November 1, 2011 \*\***

**All Band Class Fees are due in full by August 26, 2011 unless arrangements are made for monthly payments through the Band Booster Program.**

To make arrangements for a Payment Plan, or to make CASH payments, please contact:

**Mark Hammond at 770-364-4736 or [SMHSBandTreasurer@SMHSBand.org](mailto:SMHSBandTreasurer@SMHSBand.org)**

Checks should be made **payable to SMHS Band Boosters** and can be submitted in a labeled envelope and placed in the white box in the band room OR mailed to:

SMHS BAND BOOSTERS  
PMB #139, 1200 HWY 74 S., STE 6  
PEACHTREE CITY, GA 30269

**\*\*Please keep a copy of this form for your records\*\***

ROUTING  
Chaperone\_\_  
  
(for office use )

**BAND STUDENT MEDICAL FORM**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

Are all vaccines up to date? \_\_\_\_\_ Date of Last Tetanus Booster: \_\_\_\_\_

Any Medical Conditions? \_\_\_\_\_

Taking Medicines? If yes, please list: \_\_\_\_\_

Contact Lenses?      Yes      or      No      *(Please circle one)*

Parent(s) / Legal Guardian(s) Names: \_\_\_\_\_

Emergency Phone Numbers:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Physician's Name / Phone Number: \_\_\_\_\_

Our Director / Chaperones have the following medications available:

Advil/ Ibuprofen	Dramamine	Sudafed
Benadryl	Pepto-Bismol	Triple Antibiotic Ointment or Cream
Burn Ointment or Cream	Rolaids	Tylenol / Acetaminophen
Claritin	Steroid Cream	

Do you give permission for us to administer these over-the-counter medications to your student?

\_\_\_ Yes

\_\_\_ No (Please cross out any medicines you **DO NOT** want given to your student.)

**I hereby give permission for the Starr's Mill Band Boosters and staff to seek medical attention and release medical history forms for my student as deemed necessary.**

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**DUE NO LATER THAN JULY 21, 2011  
(1<sup>ST</sup> DAY OF BAND CAMP)**

## STARR'S MILL BAND PROGRAM FAMILY INFORMATION FORM

Check all that apply:    Marching Band    Colorguard    Winterguard    Percussion  
                                   Wind Ensemble    Symphonic    Concert    Jazz

**ADDRESS INFORMATION:**

**ALTERNATE ADDRESS (if necessary)**

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

STUDENT INFORMATION	FATHER'S INFORMATION	MOTHER'S INFORMATION
First Name: _____	First Name: _____	First Name: _____
Last Name: _____	Last Name: _____	Last Name: _____
Nickname: _____	E-Mail: _____	E-Mail: _____
E-Mail: _____	Occupation: _____	Occupation: _____
Grade in 2011-12: _____	Company: _____	Company: _____
Birthdate: _____	Cell Phone: _____	Cell Phone: _____
Primary Instrument: _____	Work Phone: _____	Work Phone: _____

**VOLUNTEER OPPORTUNITIES: Volunteers are very important to our organization. Please check each activity below that you would be willing to participate in.**

<b>Mom</b>	<b>Dad</b>		<b>Mom</b>	<b>Dad</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Chaperone Band Camp	<input type="checkbox"/>	<input type="checkbox"/>	Sewing Uniforms and Flags
<input type="checkbox"/>	<input type="checkbox"/>	Chaperone Marching Practices	<input type="checkbox"/>	<input type="checkbox"/>	Send in food for Band Camp/Competitions
<input type="checkbox"/>	<input type="checkbox"/>	Chaperone Football Games	<input type="checkbox"/>	<input type="checkbox"/>	Help with concessions
<input type="checkbox"/>	<input type="checkbox"/>	Chaperone Competitions	<input type="checkbox"/>	<input type="checkbox"/>	Help with Night Of Starrs
<input type="checkbox"/>	<input type="checkbox"/>	Chaperone Concert Season Events	<input type="checkbox"/>	<input type="checkbox"/>	Help with Car Wash
<input type="checkbox"/>	<input type="checkbox"/>	Pit Crew (band equipment)	<input type="checkbox"/>	<input type="checkbox"/>	Help with other fund raising events
<input type="checkbox"/>	<input type="checkbox"/>	Mow March Field (mower provided)	<input type="checkbox"/>	<input type="checkbox"/>	Help with Uniform Fitting
<input type="checkbox"/>	<input type="checkbox"/>	Videography/Photography	Other Interests: _____		

Please check each box that applies:

- I authorize the use of my student's name or picture for use in news media or stories about the band.
- I authorize the distribution of my student's contact information for the band directory.
- I authorize the distribution of my parent contact information for the band directory.

ROUTING

Comms \_\_\_\_\_

(for office use)

\_\_\_\_\_  
Parent's Signature

**FAYETTE COUNTY SCHOOL SYSTEM  
PARENTAL CONSENT FOR ATHLETIC/EXTRACURRICULAR PARTICIPATION**

***\*Parents signature needed in four places\****  
**PLEASE PRINT**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (Zip)

The student is domiciled at the above address located in the \_\_\_\_\_ school attendance area.  
(School must be notified if student moves from the above address)

Have you attended this Fayette County School for at least one full school Year? YES \_\_\_\_\_ NO \_\_\_\_\_

You live with (Name of Parent/Parents/Guardian) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date entered 9<sup>th</sup> Grade \_\_\_\_\_ Your grade level for the upcoming school year \_\_\_\_\_

**PARENTAL CONSENT FOR PARTICIPATION**

**WARNING:** Although participation in supervised inter-scholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS INCLUDES A RISK OR INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk.

Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this permission form, you acknowledge that you have read and understand this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I(We) hereby give consent for \_\_\_\_\_ to:  
1. Compete in athletics and/or extra curricular activities at \_\_\_\_\_ SCHOOL of the Fayette County School System

2. To accompany any school team of which the student is a member on any of its local or out-of-town trips
3. I hereby verify that the information of the physical form is correct and understand that any false information may result in my son/daughter being declared ineligible to participate.
4. Students found illegally enrolled out of their school attendance area could be ruled ineligible.
5. If any emergency medical procedures or treatments are required by the student, I consent to the supervisor(s) taking, arranging for, and consenting to the procedures for treatment in his/her discretion.

*We acknowledge that the student is subject to all the rules outlined in the Fayette County School System Student Code of Conduct. This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.*

\_\_\_\_\_  
*\*Signature(s) of Parent(s) or Guardian(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*\*Signature of Student Athlete*

\_\_\_\_\_  
*Date*

**INSURANCE INFORMATION**

Please **INITIAL** one of the following statements regarding insurance coverage for your son/daughter for the \_\_\_\_\_ school year, then sign below:

\_\_\_\_\_ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in Interscholastic Athletics (including, but not limited to, Varsity and Junior Varsity Football).

Company Providing Insurance: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

\_\_\_\_\_ I wish to purchase the Benefit Plan provided by the Fayette County School System.  
(A signed copy of this Benefit Plan should be stapled to this form.)

*We acknowledge that unless we purchase the Benefit Plan offered by the Fayette County School System, there is no other school district insurance to cover any injuries, losses or damages resulting from participation in these activities.*

\_\_\_\_\_  
*\*Signature(s) of Parent(s) or Guardian(s)*

\_\_\_\_\_  
*Date*

**FAYETTE COUNTY SCHOOL SYSTEM PERMISSION TO PARTICIPATE  
IN ATHLETIC/EXTRACURRICULAR SCHOOL SPONSORED TRIPS**

**CONSENT**

I hereby consent for \_\_\_\_\_, to participate in school-sponsored trips, excluding overnight trips, associated with inter-scholastic athletic and/or intra-scholastic competitions. I understand that transportation may or may not be provided by the Fayette County School System. In the event transportation is not provided by the Fayette County School System, transportation will be the student's responsibility.

If any emergency medical procedures or treatment are required by the student during the trip. I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her direction.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Fayette County School System, the Board of Education, its successors and assigns, its members, agents, employees and representatives thereof, as well as trip supervisors, from and against, any claim which I, any other parent guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering of emergency medical procedures or treatment.

Signatures of Parent(s) of guardian(s)	Date

**AUTHORIZATION**

In case of an emergency or accident on the school grounds or during any school activity involving my child, \_\_\_\_\_, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physicians to treat said condition unless I am present and request otherwise or until I later request otherwise.

**My signature below attest that I have read, understand and concur with the information on this form, and that I give consent for my child to participate in the athletic programs as stated above.**

<b>*Signature(s) of Parent(s) or Guardian(s)</b>	<b>Date</b>
<b>Relation to Student: (Please check one)</b> <b>Mother</b> _____ <b>Father</b> _____ <b>Other</b> _____	<b>Phone (W)</b> _____ <b>Phone (H)</b> _____

# ACKNOWLEDGMENT STATEMENT

Must Be Returned to Band Director for Student to Participate

In becoming a member of the Starr's Mill High School Band, I agree to do my personal best to carry on the tradition of excellence and success both musically and personally. I realize that conscientious attendance and preparation for rehearsals and performances are essential for the Starr's Mill Band to operate successfully. I fully understand the conditions set forth in the band handbook, and agree to abide by them.

I also understand that once the student commits to an organization (i.e., marching band, concert ensemble, jazz band, winter guard, etc), the commitment must be fulfilled to the fullest. This is also important due to money spent on budgeted items, importance of the individual student to the group, learning the task of commitment, etc. The commitment to wind ensemble includes all local, state, regional, and national performances.

(Both student and parent must sign this agreement.)

I, the parent of \_\_\_\_\_ have read, understand and agree to abide by the policies stated with the Starr's Mill High School Band Program Handbook.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

**FAYETTE COUNTY SCHOOL SYSTEM**  
**ATHLETIC AND EXTRACURRICULAR PARTICIPATION**  
**CODE OF CONDUCT CONTRACT**

Interscholastic extracurricular programs are a vital part of the total educational program and a means of developing wholesome attitudes and good human relations, as well as knowledge and skills. The Fayette County School System encourages participation in a variety of extracurricular activities.

Participation in school athletic and extracurricular activities is a privilege and not a property right. All students, parents, coaches, and sponsors understand that the top priority is academic achievement. The purpose of the Code of Conduct is to establish high expectations regarding behavior and minimum/consistent consequences when violations occur. However, **coaches/sponsors may establish consequences that are more stringent than the stated code.** Team/organization rules must be in writing and approved by the administration of each school.

**CODE OF CONDUCT VIOLATIONS AND CONSEQUENCES**

**VIOLATION:** Students enrolled in Alternative School/Long-Term Suspension  
**CONSEQUENCES:** Ineligible to attend or participate in any athletic or extracurricular activity.

**VIOLATION:** Arrest for Felony (regardless of location or time of the alleged act; in or out of school)  
**CONSEQUENCES:** Immediately suspended from all participation pending investigation by school officials

For violations below, a school administrator must have valid evidence and/or verification of the violation as defined in the following:

1. Self-admitted involvement by the student.
2. Witnessed student involvement by the sponsor, coach, or any staff member.
3. Parent admission of their student's involvement in tobacco, drugs, or alcohol.
4. Verified by official police report given to the school.
5. Evidence of violations through investigation by school officials.

If this offense occurs at school or on school property at any time, off the school grounds at a school-sponsored activity, function, or event, and en route to and from school, the student will be subject to the actions of the Fayette County School System Student Code of Conduct.

**VIOLATION:** Alcohol/Drugs  
**CONSEQUENCES:** Coach/sponsor will meet with the student and parents.  
1<sup>st</sup> Offense- Suspension from any athletic/extracurricular activity for 25% of the season  
2<sup>nd</sup> Offense- One (1) calendar year suspension from all athletic/extracurricular activities

**VIOLATION:** Criminal Law Violations (Non-Felony away from school)  
**CONSEQUENCE:** Disposition determined by the coach and school administration based on the severity of the charge(s).

**VIOLATION:** Tobacco (any type)-In season  
**CONSEQUENCES:** 1<sup>st</sup> Offense- Minimum of one (1) game/activity suspension.  
2<sup>nd</sup> Offense- Suspension from any athletic/extracurricular activity for 25% of the season  
3<sup>rd</sup> Offense- Dismissed from the team/activity but allowed to try out for subsequent athletic/extracurricular activities after that sport/activity has completed its season.

**VIOLATION:** Violations of school rules that result in in-school suspension and out-of-school suspension  
**CONSEQUENCES:** Participation may resume when:

ISS All assignments are completed and released from in-school suspension and/or  
OSS The student returns to school on the next school day upon completion of out-of-school suspension

Out-of-School Suspension (Short Term—2 or more days)  
1<sup>st</sup> Offense- Minimum of one (1) game/activity suspension  
2<sup>nd</sup> Offense- Suspension from any athletic/extracurricular activity for 25% of the season  
3<sup>rd</sup> Offense- Dismissed from team/activity but allowed to try out for subsequent athletic/extracurricular activities after that sport/activity has completed its season.

**VIOLATION:** Hazing  
**CONSEQUENCES:** Coach/Sponsor will meet with the student and parents.  
1<sup>st</sup> Offense Suspension from any athletic/extracurricular activity for minimum of 25% of the season  
2<sup>nd</sup> Offense One (1) calendar year suspension from all athletic/extracurricular activities

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parents: Please sign and return one copy to the school and retain one copy for your records.**