

Band Handbook Signature Page

Please return this page to your band director.

I have reviewed and understand the policies and guidelines in the Cedar Park High School Band Handbook and the Instrumental Music Code. I understand that Band is a Full Year course. I further agree to abide by the procedures set forth. T

Student Name **X** _____
(print)

Student Signature **X** _____

Grade _____

Parent Name **X** _____
(print)

Parent Signature **X** _____

Date _____

Printed Student Name _____
(Last, First)

Please provide the following information and signatures and return to the Brazos Band Staff. This must be signed for participation in the band program.

This information is located at brazosband.wikispace.com.

If you wish to have a printed copy, please indicate here.

Student Name _____

MEDICAL/TRAVEL RELEASE FORM

I hereby give permission for my son/daughter to travel on transportation provided by Brazos ISD to BHS band functions during the 2011-2012 school year and furthermore release Brazos ISD, Braozs High School, and the BHS band staff from any liability related to such travel with the band.

I do further understand the BHS band directors will seek medical attention for my child in case of an emergency (911). I understand that I am responsible for expenses that may arise from such treatment.

Parent/Guardian Signature **X** _____

Parent Printed Name _____

Address _____ Zip _____

Phone (W) _____ (H) _____

(C) _____

STUDENT'S NAME: _____
Last / First

Student Name _____

Permission to Administer "Over The Counter"

Medications:

I also grant permission to Brazos I.S.D. representative to administer "over-the-counter" medication (Ibuprofen, Acetaminophen, Pepto Bismol, Midol, Maalox, Tums, Benadryl, etc.) at student's request. I understand that LISD personnel will protect my child and **not** administer medication if this form is not completed. Exceptions to "over the counter" medication **NOT** be given:

List drug or food allergies: List Medical Conditions (asthma, contacts, etc.)

Doctor's Name (print): _____

Phone #: _____

Parent Signature X _____

Date: _____

Permission to Administer Prescription Medications (in the event that prescription medication may be necessary at some point during the year when traveling with the band):

I request that Brazos I.S.D. representative administers the medication listed below to my child according to the physician's instructions. I agree to furnish an adequate amount of medication in the original container. I understand that Brazos I.S.D. personnel will protect my child and not administer medication if this form is not completed or the medication is not furnished as required. (**BISD representative must administer Prescription drugs not the student: exceptions are Inhalers. When traveling all prescription meds need to be checked in with the adult first aider.)

Signing this form when no prescriptions are present allows for dispensing of a prescription drug at a later date if necessary (ie: band trips, short term illness etc.)

Name of Medication: _____

Dosage: _____

Time to be given: _____

Do not administer after this date: _____

Side Effects to report to Doctor:

Parent Signature X _____ Date:

Parent Printed Name _____

Address _____ Zip _____

Phone (W) _____ (H) _____

(C) _____

RELEASE:

I, **X** _____, release BISD designated personnel from responsibility of wrongdoing (parent/guardian signature) regarding medication approval stipulated on this form.

PARENT/STUDENT MARCHING BAND ACKNOWLEDGEMENT FORM

No student may be required to attend practice for marching band for more than eight hours of rehearsal outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time at the performance site. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples of activities subject to the UIL Marching Band Eight Hour Rule
Marching Band Rehearsal (both full band and components)
Any Marching Band Group Instructional Activity
Breaks
Announcements
Debriefing and Viewing Marching Band Videos
Playing off Marching Band music
Marching Band Sectionals (both director and student led)
Clinics for the Marching Band or any of its components.

The following activities are not included in the eight hour time allotment:
Travel time to and from rehearsals and/or performances
Rehearsal set-up time
Pep rallies, parades and other public performances
Instruction and Practice for individual activities such as All-Region/Area/State try-outs and Solo-Ensemble preparation

NOTE: An extensive Q&A for the Eight Hour Rule for Marching Band can be found on the Music Page of the UIL Web Site at: www.uil.utexas.edu

“We have read and understand the Eight-Hour Rule for Marching Band as stated above. We agree to abide by these regulations and understand our responsibility to report any violations to the school authorities”

Parent Signature **X** _____ Date _____

Student Signature **X** _____ Date _____

Student Name Printed _____

