



*Developing Lifelong Excellence in Young People Through a Variety of Music Education Experiences*

## **INFORMATION FORM & POLICY AGREEMENT**

ALL BANDS 2022-2023

### **STUDENT INFORMATION**

Name: _____	Grade (Fall 2022): _____
Email Address: _____	Cell-Phone Number: _____
Student ID Number (Probably your lunch number): _____	
Marching Band Section (Write NO if opting out of Marching Band): _____	
Mailing Address: _____	
City: _____	State: _____ Zip: _____ T-Shirt Size (Adult): XS S M L XL XXL

### **PARENT/GUARDIAN INFORMATION**

Mother's Name (Guardian 1): _____
Email Address: _____ Cell-Phone Number: _____
Father's Name (Guardian 2): _____
Email Address: _____ Cell-Phone Number: _____

### **POLICY AGREEMENT**

We have read the South Forsyth High School Band policies/forms and we understand the responsibilities of being a member of the program. As such, we have read and agreed to the following documents and policies: **(Initial next to each)**

<input type="checkbox"/> WELCOME LETTER	<input type="checkbox"/> SOCIAL MEDIA POLICY
<input type="checkbox"/> CALENDAR	<input type="checkbox"/> VARSITY LETTER POLICY
<input type="checkbox"/> ATTENDANCE POLICY	<input type="checkbox"/> REHEARSAL CHECKLIST
<input type="checkbox"/> PUBLIC EXPECTATIONS/ETIQUETTE	<input type="checkbox"/> UNIFORM POLICY
<input type="checkbox"/> PARTICIPATION FEES & FINANCIAL POLICIES	<input type="checkbox"/> FUNDRAISER POLICIES
<input type="checkbox"/> ENSEMBLE CASTING	<input type="checkbox"/> CHARMS

In addition, we are aware that ALL dates/information/fundraisers are available on the band website [www.sfhsbands.net](http://www.sfhsbands.net) and agree to check this weekly for updates.

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

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



*Developing Lifelong Excellence in Young People Through a Variety of Music Education Experiences*

## **HEALTH & MEDICAL RECORD**

ALL BANDS 2022-2023

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

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

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

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Does Student take medication? \_\_\_\_\_ If so, what medication(s)? \_\_\_\_\_

Do you give permission for chaperones to give your student over-the-counter medication if need arises?

\_\_\_\_\_ Yes \_\_\_\_\_ No Are they up to date on Immunization? \_\_\_\_\_

Operations and/or serious injuries and dates: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Is there any other information, instructions or legal restrictions that would be significant in the care of your child? \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Policy Holder: \_\_\_\_\_ Insurance Group Number: \_\_\_\_\_

### **TRAVEL AND MEDICAL RELEASE**

I give permission for my child to accompany the South Forsyth Band on all scheduled trips during the 2020-2021 school year. In case of an emergency, I give permission for a band director and/or accompanying chaperone to authorize treatment by a physician or hospital for my child during all SFHS trips during the 2020-2021 school year.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE **EMAIL** A PHOTO OF YOUR INSURANCE CARD WITH YOUR STUDENT'S NAME IN THE SUBJECT LINE TO **scwomack@forsyth.k12.ga.us**



*Developing Lifelong Excellence in Young People Through a Variety of Music Education Experiences*

**TEACHER/STUDENT/PARENT FIELD TRIP FORM**

ALL BANDS 2022-2023

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

Has permission to go to **ALL BAND EVENTS** with **MR. HENDRICKS/MR. WOMACK** on **2022-2023 SCHOOL YEAR.**

This group is traveling via **SCHOOL BUS/DISTRICT APPROVED CHARTER BUS.**

This form must be filled out completely and returned to **MR. HENDRICKS/MR. WOMACK** by **May 5, 2022.**

**For the Student**

I realize that this field trip represents an enrichment of class activity; I will, therefore, conduct myself accordingly while on the field trip. All South Forsyth High School and Forsyth County Schools rules apply. I understand that I am responsible for assignments in other classes, making up missed work, and turning in work on time.

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

**For the Parents**

If any teacher has discouraged your child's absence, we recommend that you consider disallowing the field trip. I further understand that I am releasing the school and teacher from responsibility for any accident that might occur. I also give permission for medical treatment should it be required.

My child is covered by insurance: **YES** **NO**  
Please attach (email) insurance information.

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

\_\_\_\_\_  
Doctor's Name & Phone

PLEASE **EMAIL** A PHOTO OF YOUR INSURANCE CARD WITH YOUR STUDENT'S NAME IN THE SUBJECT LINE TO **scwomack@forsyth.k12.ga.us**