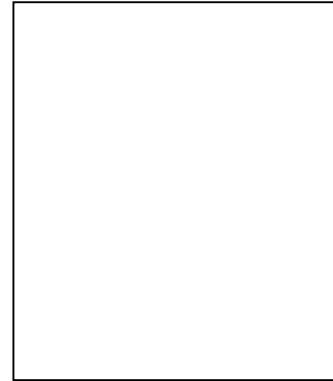


Student: _____

**GILES COUNTY HIGH SCHOOL BAND
REGISTRATION AND DIRECTORY INFORMATION**
Please complete the following
Make sure to get student and parent signatures
PLEASE CAREFULLY PRINT ALL E-MAIL ADDRESSES



Student's

Name _____

Instrument(s) _____ Grade next fall _____

Student's Primary Address _____

Student's Cell Phone _____ Home Phone _____

Student's e-mail _____

Student Registering for: (please check all that apply) Marching Band Concert Band

(E-mail addresses will only be used for Band Information)

The best person to reach for means of communication: _____

Best phone _____ Best e-mail _____

Mother's Name _____ **Cell Phone** _____

Work Phone _____ Home Phone _____ Employer _____

Mother's e-mail: _____

Father's Name _____ **Cell Phone** _____

Work Phone _____ Home Phone _____ Employer _____

Father's e-mail: _____

(Text communication would only be used for emergencies, on trips or in response to a text from your child.)

I give my permission for Mr. Pigg, Mrs. Huckaby or Band Backer Officers to text my child.

Parent Signature _____ Date _____

Student: _____

Giles County High School Band Financial Agreement for 2017-2018

As explained in the GCHS Band High School Band Handbook, each band family is responsible for paying fees. This financial commitment covers part of the operating costs of the Band Program for the GCHS Marching and Concert Bands. The remaining amount is to be fundraised by the Band Backers organization through several fundraisers where the entire Band Backers membership is requested to participate. By signing this document you are agreeing to pay the fees as indicated below:

- Band Camp.....\$175.00
- Concert Band\$50.00
- Uniform Cleaning\$30.00
- School Instrument.....\$50.00
- Fall Guard Uniform.....\$175.00
- Marching Band Shoes. \$30.00
- Band Polo.....\$26.00
- Winter guard.....\$100.00
- Percussion Ensemble \$100.00

Please be prompt with your Fair Share payments. Payments may be made at the Band Backer meetings or mailed to:
Giles County Band Backers
Attention Treasurer
P.O. Box 109
Pulaski, TN. 38478

We/I the undersigned, agree to pay the fees as listed above. We/I understand that the undersigned child will not be allowed to make any trip payments until full payment of the fees has been collected.

Student Name - PRINT	Grade	Signature	Date

Parents/Custodial Parent/Guardian Names	Signatures	Date

Giles County High School Band
200 Shelia Frost Drive
Pulaski, TN. 38478

Subscribed and sworn by parent/guardian before me.
_____ Day of _____, 2017

Notary Public
Commission Expires: _____

Student: _____

**2017-2018 Giles County High School Band
Health Information and Medical Treatment Release**

NAME: _____ Birth date: _____

To Whom It May Concern:

I, the undersigned, being parent, legal next-of-kin, or legal guardian of _____
(Student's Name)

hereby authorize any necessary medical or surgical treatment by a physician or emergency room personnel for this person while participating in Giles County Band activities. I, also guarantee payment of all charges incurred during medical treatment.

In regard to such person, I submit the following information:

1. Allergies to foods, medications, latex, etc... (if none, so state)

Special Dietary Requirements (if none, so state)

Special medical problems or health conditions: (if none, so state)

2. Medication, Epi-pen or prescription currently used by student. (if none, so state)

Medication(s): _____

Purpose: _____

3. Student **MAY** or **MAY NOT** take **Aspirin Substitute** as a minor medication. (Circle one)

4. Date of last Tetanus Shot (if unknown, so state) _____

5. Family Physician _____ Phone _____

Office Address _____

(Street)

(City/State)

(Zip)

6. Person other than parent or guardian, to notify in case of emergency:

Name _____ Phone Number _____ Relation _____

7. Parent/Guardian Name _____

Address _____

(Street)

(City/State)

(Zip)

Home Phone _____ Work/Cell (Father) _____

Work/Cell (Mother) _____

Parent/Guardian Signature _____

Giles County High School Band
200 Shelia Frost Drive
Pulaski, TN 38478

Subscribed and Sworn by parent/guardian before me.

_____ Day of _____, 2017

Notary Public

Commission Expires: _____

Please attach a copy (front and back) of your child's insurance card.

Student: _____

**Giles County High School Band
Permission to Administer Non-Prescription Medications**

___ DO NOT administer any over-the-counter drugs to my child, _____.

___ I hereby give my permission for my child, _____ to receive treatment of a non-emergency medical nature. This would include administering medication such as:

Medication	Yes	NO
Acetaminophen (Tylenol)		
Ibuprofen (Advil)		
Allergy (Allegra)		
Benadryl		
Calamine Lotion		
Neosporin or First Aid Creme		
Antacid Tablets/Liquids		
Imodium A/D		
Cold and Sinus Tablets		
Lozenges for sore throat		
Bee/Insect Sting		

Allergies to Food, Medications, Latex, etc....(if none, so state): _____

Comments: _____

Parent/Guardian Signature _____ Date: _____

Witness Signature: _____ Relationship: _____ Date: _____

Student: _____

**Giles County High School Band Agreement
2017-2018**

Student Agreement:

I have auditioned for acceptance into the Giles County High School Band Program, which includes marching and concert bands. Each band class meets daily during class time. Additionally, first semester marching band meets after school /evenings for practices, Friday evening Football games, and parades. **Attendance is mandatory!** Marching Band is an extra-curricular activity. Concert Band meets all year. It is our band class and also has additional rehearsals after school/evenings, weekend camps, and competitions.

In becoming a member of the Giles County 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 Giles County Band to operate successfully. I am aware that participation in this band will place me in a position to have my likeness recorded in both still pictures and video. I grant my permission to the band, any governing body and host at any competition, and any news media, to record, use for promotion, an/or publish without any compensation to me or my family for the use thereof. I read and fully understand the conditions set forth in the Giles County High School Band Member Handbook 2017-2018, and agree to abide by them.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent Agreement:

As a parent, I understand that my support of my child's musical endeavors comes with financial and attitudinal responsibilities and I understand that their presence at all band functions is vital to my child's success in band. Parents will be kept informed of activities via e-mail, handouts, band website (gchsband.com) and information given at monthly Band Backer meetings. I acknowledge that this program, as presented, is not funded by the Giles County school system. I also understand that this is an extra-curricular activity outside of the public school funded programs. I understand and agree that there is a mandatory band fee for students who are going to attend any away functions; such as away football games, competitions and trips. All fees should be paid promptly. I also understand that replacement, due to loss or destruction, of any part of the band uniform/costume is my responsibility. I have read and fully understand the conditions set forth in the Giles County High School Band Member Handbook 2017-2018, and agree that my child will abide by them.

Parent Signature: _____ Date: _____

Student: _____

**Giles County High School Band
Code of Conduct and Personal Responsibility**

Code of Conduct

It is expected that all members conduct themselves as ladies and gentlemen and abide by the code of conduct set up by the Giles County High School Band. It is important that all members be on time to every activity and obeys all rules so everyone can enjoy the trip.

- Members may not ride in any private vehicles unless approved by the director.
- Members may not leave the hotel area without permission of the director.
- No boys in girls' rooms or girls in boys' rooms.
- Appropriate dress is expected at all times.
- Members are not to fraternize with strangers.
- For personal safety, always travel in groups.
- Every attempt has been made to provide you with the finest, most modern motor coach equipment available. Please bring drinks with screw caps only, refrain from chewing gum, use trash receptacles provided and show respect for your fellow travelers and driver.
- ROOM CHECK
 - All members must be in their room at the designated room check time.
 - Do not open the door unless you have identified who is there.
 - No member is allowed out of the room after room check. (Notwithstanding emergency situations)
 - Any illness or other problem occurring during the night should be reported by house phone to a staff member.

Any student involved with the use of tobacco products, alcoholic beverages, unauthorized/illegal drugs or improper personal familiarity will be subject to parent contact, termination from the group, and return home at the parents' expense.

Personal Responsibility

Individuals traveling with the Giles County High School Band will be held fully responsible for damage, vandalism, theft, extra room charges, etc., incurred by those individuals.

I (We) have read the above information concerning the Student Code of Conduct and Personal Responsibility Statement. I (We) agree to abide by the Code of Conduct and Personal Responsibility Statement.

Signature of Student

Date _____

Signature of Parent/Guardian

Student: _____

**Trip Permission Form/Waiver of Responsibility
Giles County High School Band
2017-2018**

Destinations: Giles County High School Away Football Games, Band Competitions,
and trips

Student's Name: _____

Parent/Guardian Name: _____

I (We), _____, give permission for my son/daughter, _____, to participate in Giles County High School Band performances off campus under supervision indicated by the Band director. I agree not to hold responsible the director, Giles County High School, its officers, the County Board of Education, the Giles County High School Band Backers, its officers, the bus driver of the bus lines providing transportation, for accidents, injuries, or illness of my child during these trips.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Phone Number: _____

Our medical/accident insurance company is _____ and the
Group number _____ ID number _____
Policy Holder's Name _____ Birth date _____

I, the parent or guardian, of the above listed child, certify that the above insurance information is accurate. In the event of a medical emergency on the field trip, I give permission for medical/surgical treatment to be administered to my child.

Allergies: Yes _____ No _____

Please list any allergies (include medications): _____

Special Dietary Requirements (if none, so state) _____

List any medical conditions or medication your child is taking: _____

List any prescription medications your child must take while on the field trip: _____

Parent/Guardian Signature: _____ **Date:** _____

Student: _____

**Giles County High School Band
School Instrument Agreement Form**

If you use a GCHS Band-owned instrument, you are responsible for its care and minor maintenance. A normal amount of wear will be allowed for, but damage resulting from mistreatment or carelessness will be charged to the student. Careless treatment of a GCHS Band-owned instrument suggests that the individual is not deserving of its use. In this case, the instrument will be issued to someone more responsible.

A \$50 cleaning fee will be charged for the use of all school-owned woodwind and brass instruments at the beginning of the new band year. Percussion will be charged a \$50 maintenance fee. This fee will help offset purchasing sticks, mallets, drumheads, etc... The Band Backer organization will purchase needed percussion supplies and have the instruments professionally cleaned before Camp. Students will be assigned a school-owned instrument at the end of the school year. The \$50 fee, along with this form, will be due during that week.

This contract is between _____ and the Giles County High School Band for the use of a musical instrument during the school year **2017-2018**. A cleaning fee of \$50 will be paid to the GCHS Band Backer organization to help offset maintenance, use, and wear of instrument.

I understand that if there is any major damage to the instrument beyond normal wear and tear, I will be required to pay for the repair. I agree to keep the instrument safe and in proper adjustment. **Included with this agreement is the \$50 instrument fee.**

Instrument _____

Instrument Make _____

Serial Number _____

Student Name _____

(Please Print)

Student Signature _____

Parent Name _____

(Please Print)

Parent Signature _____