

HIGHLANDS HIGH SCHOOL BAND CONTRACT

Please read, sign, and return this form on or before arrival at the 1st Band Camp Rehearsal of the season. By doing so, you acknowledge that you and your parents / guardians have read the Syllabus & Policy Manual, understand and agree to the Band's policies and schedule for the upcoming school year. Thank you!!

*** PLEASE PRINT ***

Student ID# _____ Student Name _____ Grade ('22-'23) _____

Marching Instrument or Bandfront Squad _____ Concert Instrument _____

Student Cell # _____ Cell Carrier _____ Student Email _____

Parent/Guardian #1 (Student's Primary Residence)

Parent/Guardian #2

Name _____

Name _____

Address #1:

Address #2: (Please check if same as #1)

Home Phone #1: _____

Home Phone #2: _____

Cell Phone #1: _____

Cell Phone #2: _____

Email #1: _____

Email #2: _____

**** Accurate contact information is required for the District's One-Call System and Band Booster Phone/Email Chain. These items remain confidential and are only used to communicate information directly related to the High School Band Program. Thank you. ****

"As a member of the Highlands High School Band Program, I hereby commit to attend all posted rehearsals and performances. I will uphold all commitments and responsibilities outlined in the band handbook and as instructed by my teacher and the band staff. I am aware of the grading requirements for the various Band & Bandfront classes. I am also aware of that my participation and behavior affects my status as an active member of this organization and my ability to take part in performances, trips, other band activities."

Student Signature _____

Date _____

Parent / Guardian Signature _____

Date _____

Student Name _____

EMERGENCY CONTACTS (IF PARENTS CANNOT BE REACHED)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

HEALTH INSURANCE INFORMATION – INCLUDE COPY OF FRONT AND BACK OF CARD(S)

Primary Insurance		
Carrier:	Carrier Phone #	
Subscriber:	ID #	Group #
Secondary Insurance		
Carrier:	Carrier Phone #	
Subscriber:	ID #	Group #

Primary Care Physician:	Additional Physician(if applicable)
Name/Practice:	Name/Practice
Phone Number:	Phone Number:
Medical Conditions (i.e. asthma, fainting, diabetes, heart condition, bleeding disorders, seizures, shortness of breath, phobias, glasses/contacts, etc.)	
Current Medications (include dosage/times):	Allergies (food/medication/environmental):
Date of Last Tetanus Shot:	Is your child latex sensitive? Yes No

PARENTAL PERMISSION TO GIVE MEDICATIONS AND AUTHORIZATION FOR TREATMENT

In case of illness, accident, or emergency, I authorize the designated adult to secure medical treatment for my son/daughter in the emergency room at a hospital or from other emergency trained personnel. Further, I give permission for band staff/chaperones to dispense the following (please check all that apply):

(Indicate dosage if different than suggested dosage)

Tylenol (Acetaminophen)	Midol	Dimetapp
Advil/Motrin (Ibuprofen)	Throat Lozenges/Cough Drops	Insect Bite Sticks
Tums/Pepto-Bismol	First Aid Cream	Sunburn Treatment
Immodium AD	Benadryl	Murine/Visine

Can your child swallow pills? Yes No

Signature of Parent/Guardian _____ Date _____

****PLEASE ATTACH ANY ADDITIONAL NECESSARY INFORMATION TO THIS FORM****

**** PLEASE ATTACH A COPY OF YOUR STUDENT’S INSURANCE CARD (FRONT & BACK) ****

HIGHLANDS HIGH SCHOOL BAND
Participation Waiver for Communicable Diseases Including COVID-19

The COVID-19 pandemic has presented athletics, marching bands, schools and community organizations around the world with a myriad of challenges concerning this highly contagious illness that primarily attacks the upper respiratory system. Some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable.

While it is not possible to eliminate all risk of furthering the spread of COVID-19, the Highlands HS Band Program, under the guidance of the Highlands School District (HSD), will take necessary precautions and comply with guidelines from the federal, state, and local governments, CDC, PA DOH, as well as NAFME, PMEA, NHFS and PIAA, to reduce the risks to students, staff, volunteers, and their families. As knowledge regarding COVID-19 is constantly changing, the right is reserved to adjust and implement precautionary methods as necessary to decrease the risk of exposure for our staff, students, volunteers and spectators. These precautions include but may not be limited to:

- Health screenings prior to any practice, event, or meeting with participation in the activities being limited and/or prohibited where an individual displays positive responses or symptoms.
- Encourage social distancing and promote healthy hygiene practices such as hand washing, using hand sanitizer, etc.
- Use of face coverings when social distancing is not possible, and when not engaged in an activity requiring the removal of a face covering for participation.
- Intensify cleaning, disinfection, and ventilation in all facilities.
- Educate students, staff and volunteers on health and safety protocols.
- Require students and staff to provide their own water bottle for hydration.

By signing this form, the undersigned voluntarily agree to the following Waiver and release of liability. The undersigned agree to release and discharge all claims for ourselves, our heirs, and as a parent or legal guardian for the Student named below, against the HSD, its Board of Directors, successors, assigns, officers, agents, employees, and volunteers and will hold them harmless from any and all liability or demands for personal injury, psychological injury, sickness, death, or claims resulting from personal injury or property damage, of any nature whatsoever which may be incurred by the Student or the undersigned relating to or as a result of the Student's participation in music programs, events and activities during the COVID-19 pandemic.

The undersigned acknowledge that participating in music programs, events and activities may include possible exposure to a communicable disease, including but not limited to MRSA, influenza, and COVID-19. The undersigned further acknowledge that they are aware of the risks associated with COVID-19 and that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems compromised by chemotherapy for cancer, and other conditions requiring such therapy. While particular recommendations and personal discipline may reduce the risks associated with participating in music activities during the COVID-19 pandemic, the risk of serious illness, medical complications and possible death does exist.

We knowingly and freely assume such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for Student's participation in Band during the COVID-19 pandemic. We willingly agree to comply with the state recommendations put forth by the HVMB and HSD to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that Student is in good physical condition or believe Student to be in good physical condition and allow participation in this activity at our own risk.

Name of Student: (Please Print) _____

Signature of Student: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____