



# Buchholz Band & Aviance Color Guard

## --- 2021-22 Program Commitment Form ---

**Noah Graben, Director of Bands**

grabennc@gm.sbac.edu | 352-955-6995/352-955-7285 (fax)

### To all incoming and returning band students:

To make plans for next year, we need to know who is participating in our program. Our marching shows are designed far in advance and we need to know the number of members in each section to design the show. For this reason, we ask for a commitment from each student who will participate next year.

Please complete this form and return it with your Band Commitment Fee (payable by check – Buchholz Band Boosters - or PayPal) by **Friday, May 14, 2021**, so we can reserve your spot.

NAME \_\_\_\_\_ SCHOOL BOARD ID # \_\_\_\_\_

INSTRUMENT(S) \_\_\_\_\_

PHONE \_\_\_\_\_ STUDENT CELL \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_ STUDENT EMAIL \_\_\_\_\_  
(We can't use SBAC email addresses.) (We can't use SBAC email addresses.)

### Check the following and sign where indicated:

☐ **YES, I plan to be a member of the Buchholz Band & Aviance Color Guard.**

Please accept my **\$125 non-refundable** Band Commitment Fee.

I understand that by signing this form and submitting the commitment fee, I am requesting membership in the band program and committing to the Golden Regiment for the 2021-2022 school year. I understand that all scheduled rehearsals and performances **are mandatory**, per band handbook.

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

### Commitment Form Deadline: May 14, 2021

Email (preferred): grabennc@gm.sbac.edu

Snail mail: 5510 NW 27TH AVENUE, GAINESVILLE, FL 32606

Include a check payable to "Buchholz Band Boosters" or use the PayPal link below:

<https://www.paypal.me/BuchholzBandBoosters>

# Buchholz Band & Aviance Color Guard

## --- Parental Permissions and Insurance Statement ---

This form grants permission to participate in Buchholz Band & Aviance Color Guard activities for Buchholz High School. It is understood that there are no violations of the eligibility rules and regulations of the Florida School Music Association.

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

**INSTRUCTIONS TO PARENT/GUARDIAN:** Complete this form then in the space provided, affix a copy (front & back) of the insurance card for this student. If you do not have insurance, it is required to have school-provided insurance.

I hereby grant permission for my child to travel with the school band, of which he or she is a member, on any of its local or out-of-town trips for this school year. Modes of transportation may include school bus, charter bus, and authorized parent chaperone passenger car or minivan, in accordance with School Board of Alachua County student transportation policies and procedures.

I hereby grant permission to the principal or the school-designated person to assist in the administration of the prescribed medication and/or treatment to my child while in school and away from school while participating in official school activities (F.S. 1006.062). I agree to furnish the school with this medication in the bottles as described below. It is my responsibility to notify the school if and when these orders change. I permit Alachua County Public Schools staff or designee by the band director to contact my child's physician and pharmacy in reference to this medication. I understand the law provides that there shall be no liability as a result of the administration of such medications and/or treatment where the person administering such medications and/or treatment acts as a reasonably prudent person would under the same or similar circumstances. Prescription medicine **MUST** have original, unaltered prescription label on the bottle; this label will include the child's name, medication, dosage, frequency of administration, doctor's name, pharmacy's name and phone number.

### PRESCRIPTION MEDICATIONS

Name	Condition	Dose prescribed	Frequency

Non-prescription medicine **MUST** be in original (store labeled) container, also marked with the student's name. Medication dose cannot exceed dose specified on medication label without a physician's order. No aspirin or aspirin products will be given without a physician's order.

IF YOUR CHILD HAS MEDICINE THAT NEEDS TO BE CARRIED ON PERSON AT ALL TIMES, PLEASE SEE THE CHAPERONE COORDINATOR FOR ADDITIONAL AUTHORIZATION FORMS. It is a violation of school board policy for any child to carry prescription or non-prescription medications without proper authorization(s).

We have accident and/or health insurance with \_\_\_\_\_, policy # \_\_\_\_\_, which will cover my child in the event of any injury. I will assume responsibility for payment of doctor and hospital bills for treatment of any injury my child might suffer while participating in Band activities. I understand that if any change occurs in this insurance policy, it is my responsibility to notify the band director. I understand that all necessary precautions will be taken by the teacher, school, and the School Board of Alachua County for the welfare of my child, and I will not hold those parties responsible in case of injury to my child.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Please check if your child does not have accident or health insurance at this time.

Attach photocopy of  
front of insurance card

Attach photocopy of  
back of insurance card

# Buchholz Band & Aviance Color Guard

## --- 2021-2022 Personal Health & Medical Record ---

This form covers band-related activities including camps, day and overnight trips for football games, competitions and all other scheduled Band/Aviance events. Current personal health and medical history is attested by parents to be accurate. This form is filled out by all participants, should be updated annually, and is kept on file for quick reference. Information given is confidential, accessed only by the band director, chaperone chairman, or SBAC-designated provider.

**To completed by parent or guardian. Please print in ink.**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name(s) of Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone(s) \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Parent or Guardian Email Addresses (cannot be SBAC email address) \_\_\_\_\_

If person named above is not available **in the event of an emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name of Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

### General Information (Check all that apply)

High blood pressure	<input type="checkbox"/>	Knee/foot trouble	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	Motion sickness	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Hearing difficulty	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Fainting	<input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>						

If checked above, please explain: \_\_\_\_\_

Allergy (food, medicines, insects, plants, etc.)	Reaction

List any physical or behavioral conditions that may affect or limit full participation in marching, playing strenuous games, swimming (color guard - running, stretching, other dance maneuvers): \_\_\_\_\_

**Special Dietary Needs** \_\_\_\_\_

**Immunizations** - Up to date (circle one): Yes No Exceptions (please note) \_\_\_\_\_

Except as noted below, chaperones have my permission to give my child the following over-the-counter medications when on band trips (please list): \_\_\_\_\_

**Please note any exceptions** \_\_\_\_\_

The above information is correct to the best of my knowledge. It is my responsibility to notify the band director and medical chaperone chair if any information should change.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_