



Student Information Sheet

Today's Date: _____

Student Name _____ Student ID#: _____

Graduation Year: Class of 20_____ Male / Female _____ Birthdate: _____

Program(s) Circle all that apply:
Marching Concert Color Guard Winter Guard T-shirt (Adult Sizes) _____

Instrument and/or Guard Program: _____

Address _____

Home Phone _____

Student Cell Phone _____

Student E-mail _____

Mother's Name _____

Same as student Address _____

Home Phone _____

Cell Phone _____

Please indicate one e-mail address for monthly account statements. E-mail _____

Father's Name _____

Same as student Address _____

Home Phone _____

Cell Phone _____

Please indicate one e-mail address for monthly account statements. E-mail _____

Alternate Contact Information
(if applicable)

“BLANKET” PERMISSION TO PARTICIPATE IN A SERIES OF SCHOOL-SPONSORED FIELD TRIPS

Student Information

Student Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

In case of emergency, notify: _____ Phone: _____

Insurance Information

Company Providing Insurance: _____ Policy Number: _____

Name of Insured: _____ Group Number: _____

Medical InformationFamily Physician: _____ **Phone:** _____

Immunizations: _____

Does the student need to take medication? Yes No If so, what medication? _____

Previous operations or serious illnesses: _____

Special medical conditions: _____

Allergies? Yes No If yes, please identify allergy: Medication Food Stinging Insects Other

Please identify: _____

Dietary Restrictions: _____

Release

- I hereby request that (Student's Name-PLEASE PRINT): _____ be allowed to participate in athletic team, band, orchestra, chorus, and/or any series of field trips related to one particular area of study or activity. I understand that transportation may or may not be provided by the Cobb County School District (District). In the event transportation is not provided by the District, transportation will be the student's responsibility.
- Detailed trip information, including destination, date, time of departure, time of return, purpose, and supervision, should be given in writing to the parents at least two (2) weeks prior to each trip in the series.
- The District does have an indemnity plan pursuant to O.C.G.A. § 20-2-1090 that may or may not apply relative to the trip. Even if the plan covers some or all of the trip, the coverage amounts may not cover all injuries. I understand that as a parent I have the option of, and am encouraged to, purchase student insurance coverage either through the student accident insurance offered by the District or through my own insurance carrier.
- If any emergency medical procedures or treatment are required during the trip, I consent to the trip supervisor(s) taking, arranging for or consenting to the procedures or treatment in his/her or their discretion.
- I agree to release, indemnify, and hold harmless or reimburse the Cobb County School District (District), its Board of Education, and its members, employees, agents, representatives, successors or assignees, as well as its approved adult trip supervisors (“District Indemnitees”) from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, the student or any other successor or assignee may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the student's participation in the field trips, including but not limited any losses, damages or injuries or to the rendering of emergency medical procedures or treatment.

NOTE: This form must be signed by student if the student is 18 years of age or older.

Name of Parent/Guardian (PLEASE PRINT)_____
Signature of Parent/Guardian_____
Date

STUDENT NAME: _____

PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATION

If needed, may we administer to your student over the counter medication such as: Tylenol, Advil, Midol, Tums/antacid tablet, Benadryl, Sudafed, Anti-itch cream, etc.?

YES

NO

OTHER EMERGENCY CONTACTS

Name: _____ **Relation:** _____

Phone Number: _____ (circle one: Home Cell Work)

Other Phone Number: _____ (circle one: Home Cell Work)

Name: _____ **Relation:** _____

Phone Number: _____ (circle one: Home Cell Work)

Other Phone Number: _____ (circle one: Home Cell Work)

Name: _____ **Relation:** _____

Phone Number: _____ (circle one: Home Cell Work)

Other Phone Number: _____ (circle one: Home Cell Work)



No Insurance Form

Required if student is not covered by medical insurance.

STUDENT NAME: _____

Grade: _____

School Year: 2018 - 2019

I hereby acknowledge, that we have no insurance card to provide the Sprayberry Band while my child is involved in Marching and/or Concert Band during this academic year.

In the event of an emergency, we will not hold the Band liable and will assume all financial charges for named student above should he/she be taken to a medical facility for medical attention.

Parent Signature

Date

Address, City, Zip

Home Phone

Cell Phone

SBBA Board Member Signature

Date



Sprayberry Band Program Student Contract

~ I understand that being a member of the band program is a worthwhile activity; however, I should strive to do the best I possibly can in my academic work. This means I will budget my time so that I do not jeopardize my ability to participate in band and other extracurricular activities. I also understand that if I experience academic difficulties, I can speak to the band directors to get assistance.

~ I understand that as a member of the Sprayberry Band Program, I will be held to the highest standard of discipline and behavior. Actions deemed detrimental to the band program will be subject to disciplinary actions, including dismissal from the program. These disciplinary actions will be determined by the band directors.

~ I understand that my attendance at rehearsals, performances and group functions is expected at all times and is vital to the success of the entire group. If I must miss an event, I am required to let the band directors know, in writing, at least 2 weeks before the absence. In the case of a sudden emergency that demands an absence, I will make every effort to notify the band directors via phone or email as quickly as possible.

~ I understand that it is vital that I am on time to all rehearsals. If I am going to be late for any reason I need to clear it with a band director prior to the tardiness. Excessive unexcused tardiness may also lead to discipline.

~ I understand that I cannot practice or perform if I do not come to school that day, unless I check in before 11:30 AM or check out after 12:30 PM.

~ I understand that being at school, even when sick, means that I will be at practice unless cleared by a band director prior to practice. Unexcused absences will be subject to discipline and will result in failure to perform. Multiple unexcused absences will result in dismissal from the band program. Excused and unexcused will be determined by the band directors.

~ I understand that if I receive ISS or OSS I will be ineligible to practice or perform during the suspended time period. Additionally, I will not be able to perform until I adequately demonstrate proficiency of the material learned and practiced during the suspension time period. Multiple visits to ISS and OSS may result in dismissal from the band program at the band director's discretion.

~ I understand that I am responsible for the care and maintenance of my uniform, instrument and accessories. It is my responsibility to keep track of each of these items, and ensure that each is in the best condition possible.

~ I understand that, above all, I am an important and integral part of the success of the Sprayberry Band Program. I will work hard to be my best in the classroom, the band room, and the practice room, and will strive to bring pride to our program, our school and our community.

Having read the above conditions, I _____ agree with the commitment to the Sprayberry High School Band Program and will strive to do the best I can in maintaining the high standards expected of all students.

STUDENT SIGNATURE _____ DATE _____

As parent/guardian, I support the conditions set forth in this agreement.

PARENT SIGNATURE _____ DATE _____

**SPRAYBERRY HIGH
SCHOOL BAND OF GOLD
PHOTOGRAPHY/VIDEO RELEASE**

Name_____

This document grants permission to the Sprayberry High School Band of Gold and the Sprayberry Band Boosters Association (SBBA) to publish photos or videos of my child, _____, in materials such as, but not limited to, the newsletter, brochures, posters, news releases, television, videos, website or any other advertising media to promote events, activities and achievements of the Sprayberry High School Marching Band, Guard, Winter Guard, Concert Bands, Jazz Band or other music group/activity sponsored by SBBA. I understand that photos and videos will not be used to identify my child except in a band electronic or printed newsletter or in newspaper, television, or video where acknowledgement of personal achievement is deemed necessary.

I understand that the SBBA will not be liable for any misuse of said photos and videos beyond their control.

PARENT/LEGAL GUARDIAN NAME

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

Permission to Swim

Sprayberry Band of Gold Marietta, Ga.

From time to time, the Sprayberry Band (or portion thereof) will go on trips where swimming will be made available to our students. Please indicate what your student can and cannot do in regards to swimming with the group. The Sprayberry Band will use necessary care to insure the safety of all our students. Students will not be allowed to swim alone or without chaperones present.

Swimming can be a dangerous activity. Sprayberry Band will not be responsible for any accidents while swimming.

I give my permission for my student _____ to participate in swimming activities with the Sprayberry Band of Gold under the following stipulations:

My student may swim in an indoor/outdoor pool under the supervision of lifeguards and chaperones.

Yes No

My student may swim in an indoor/outdoor pool when lifeguards are not present, but chaperones are.

Yes No

My student may swim in the ocean (under the conditions that are appropriate for swim) when lifeguard and chaperones are present.

Yes No

My student may swim in the ocean (under the conditions that appropriate for swim) when lifeguards are not present, but chaperones are.

Yes No

Signed _____ Date _____



Parent Talent Survey

Student Name: _____

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name: _____

Please check all that apply.

P1 P2		P1 P2			
<input type="checkbox"/>	<input type="checkbox"/>	Accounting / Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	Event Planner
<input type="checkbox"/>	<input type="checkbox"/>	Announcer (radio, commercial, television)	<input type="checkbox"/>	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	<input type="checkbox"/>	Artist (to help design/paint backdrops for shows)	<input type="checkbox"/>	<input type="checkbox"/>	Grant Writer
<input type="checkbox"/>	<input type="checkbox"/>	Audio / Visual	<input type="checkbox"/>	<input type="checkbox"/>	Information Technology (IT)
<input type="checkbox"/>	<input type="checkbox"/>	Auto Mechanic	<input type="checkbox"/>	<input type="checkbox"/>	Legal Advisor / Attorney
<input type="checkbox"/>	<input type="checkbox"/>	Baker / Chef / Cook / Caterer	<input type="checkbox"/>	<input type="checkbox"/>	Marketing / Advertising
<input type="checkbox"/>	<input type="checkbox"/>	Carpentry / Woodworking / Building props	<input type="checkbox"/>	<input type="checkbox"/>	Medical Training (RN, Paramedic, First Aid Certified)
<input type="checkbox"/>	<input type="checkbox"/>	Clothing Alterations / Seamstress / Tailor	<input type="checkbox"/>	<input type="checkbox"/>	Notary Public
<input type="checkbox"/>	<input type="checkbox"/>	Commercial Driver's License (CDL)	<input type="checkbox"/>	<input type="checkbox"/>	Photographer / Videographer
<input type="checkbox"/>	<input type="checkbox"/>	Computer Graphics / Artwork	<input type="checkbox"/>	<input type="checkbox"/>	Publicity / PR
<input type="checkbox"/>	<input type="checkbox"/>	Concessions / Food Stand Management	<input type="checkbox"/>	<input type="checkbox"/>	Recruiting
<input type="checkbox"/>	<input type="checkbox"/>	Editor / Proofreader	<input type="checkbox"/>	<input type="checkbox"/>	Screen Printing
<input type="checkbox"/>	<input type="checkbox"/>	Electrician	<input type="checkbox"/>	<input type="checkbox"/>	Sponsorship Solicitation
<input type="checkbox"/>	<input type="checkbox"/>	Embroidery Machine	<input type="checkbox"/>	<input type="checkbox"/>	Website Designer / Manager
P1 Occupation			P2 Occupation		
P1 Other Hobbies and Interests			P2 Other Hobbies and Interests		

PLEASE SEE PARENT VOLUNTEER SIGN-UP ON OTHER SIDE!



Parent Volunteer Sign-up Sheet

Student Name: _____

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name: _____

The Sprayberry Band Booster Association provides support to the staff and students of the Sprayberry Band programs. We function through the effort of many volunteers. Below is a brief description of some of the volunteering opportunities in the organization. Please check all the areas you might be interested in helping. Thank you.

Parent 1 Parent 2

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | CHAPERONES – provide safety and supervision at camps, practices, games, competitions, bus rides, LGPE, and other band events. Duties include: basic first aid; helping Hospitality, Uniforms, and MIB during games; ensuring all students are picked up after activities; and reminding students of band rules/procedures (in a positive manner) when needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | EQUIPMENT – MIB (Men/Moms in Black) move any equipment needed for football games, rehearsals, camps, competitions, and concerts; build props for the shows; and help Hospitality and Chaperones when needed during band activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | FUNDRAISING – assist in organization, communication, and encouraging participation in current fundraising efforts; brainstorm and develop new fundraising opportunities. |
| <input type="checkbox"/> | <input type="checkbox"/> | HOSPITALITY – help prepare and serve food during band camp (food is provided, just help warming or preparing and delivering food to the school), serve dinner to the students before away games, and to decorate for the banquet and other events. |
| <input type="checkbox"/> | <input type="checkbox"/> | PHOTOGRAPHY – provide photo and video record of band activities including camps, football games, competitions, concerts and other performances. Provide images without watermark or copyright restriction to SBBA for display on SBBA website and in promotions. |
| <input type="checkbox"/> | <input type="checkbox"/> | SOUTHERN INVITATIONAL MUSIC FESTIVAL (SI) – hosted by the Band of Gold at Sprayberry High School on the third Saturday of October. Volunteers are needed to lead the various committees, including: promotion/marketing, sponsorships, ticketing, programs, trophies, hospitality, first aid, equipment, parking, concessions, and personnel. |
| <input type="checkbox"/> | <input type="checkbox"/> | SPIRIT WEAR – sell merchandise during home games, including setting up the Spirit Wear tent and breaking it down after the game. Brainstorm new products and designs. |
| <input type="checkbox"/> | <input type="checkbox"/> | UNIFORMS – assist with uniform fittings, small alterations such as hemming, and uniform collection at the end of the season; distribute and collect plumes during games and competitions. About 20 volunteers are needed to help with laundering marching band uniforms (detergent is provided). |

UNIFORM WASHERS: _____ Marching _____ Color Guard

PLEASE SEE PARENT TALENT SURVEY ON OTHER SIDE!



Sprayberry Band Program 2018 - 2019 Financial Commitment Agreement

Name of Student (PLEASE PRINT): _____

I understand that my student's participation in the program is a privilege, and that each parent and student must take personal responsibility to assist with the funding for the program to be successful. We agree to pay the payment amounts agreed upon to the Sprayberry Band Booster Association. We accept the responsibility to communicate any financial issues/concerns with the appropriate personnel. We understand that we can also meet some or all of each monthly payment by actively participating in SBBA designated fundraising activities and events.

I understand that my student's account must be fully paid by April 1, 2019.

Payment Options:

MARCHING+CONCERT BAND, COLOR GUARD or COLOR GUARD+CONCERT BAND (Choose One):

_____ **OPTION 1: Paid in Full**

Paid in full at Registration or via Direct Pay by June 15, 2018 - 10% Discount (Applies only to Marching Band/Color Guard and Concert Band fees)

_____ **OPTION 2: Five-Month Plan**

Monthly payments from June 2018 - October 2018

Remaining balance paid in full by November 1, 2018 - 5% rebate credited back to the student's account. (Applies only to Marching Band/Color Guard and Concert Band fees)

_____ **OPTION 3: Ten-Month Plan**

Monthly payments from June 2018 - March 2019

Remaining balance paid in full by April 1, 2019

CONCERT BAND ONLY (Choose One):

_____ **OPTION 1: Paid in Full**

Paid in full at Registration - 10% Discount (Applies only to Concert Band fees)

_____ **OPTION 2: Four-Month Plan**

Monthly payments from September 2018 - December 2018

Remaining balance paid in full by January 1, 2019

WINTER GUARD ONLY (Choose One):

_____ **OPTION 1: Paid in Full**

Paid in full at Registration - 10% Discount (Applies only to Winter Guard fees)

_____ **OPTION 2: Three-Month Plan**

Monthly payments from January 2019 - March 2019

Remaining balance paid in full by April 1, 2019

Payment Method:

I commit to make monthly payments of \$_____ as per the above agreed schedule by:

_____ **Direct Bill Pay (PREFERRED)** sent directly from my bank to SBBA.

_____ **Cash** at SBBA Booster meetings, or deposited in black lock box.

_____ **Check** at SBBA Booster meetings, or deposited in black lock box, or mail to SBBA.

_____ **Credit Card** at SBBA Booster meetings.

Name of Parent/Guardian (PLEASE PRINT)

Signature of Parent/Guardian

Date