



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

## **INFORMATION FORM & POLICY AGREEMENT**

2021-2022 EAST PAULDING HIGH SCHOOL BANDS

### **STUDENT INFORMATION**

|   |                          |  |
|---|--------------------------|--|
| Name: _____   | Student ID# _____        | Grade (Fall 2020): _____                         |
| Email Address: _____  | Cell-Phone Number: _____ |  |
| Marching Band Section (Instrument/Color Guard, etc.): _____ |                          |  |
| 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**

|                                  |  |
|----------------------------------|--|
| *Initial next to each statement. |  |
| _____                            | We have read/completed the East Paulding High School Band policies/forms and we understand the responsibilities of being a member of the program.  |
| _____                            | We have read and agreed to the policies and procedures set forth in the Official Band Handbook.  |
| _____                            | We are aware that ALL dates/information/fundraisers/events are available on the band website <a href="http://www.eastbands.com">www.eastbands.com</a> and agree to check this often for updates. |
| _____                            | We agree to the financial obligations and agree to pay any and all participation fees associated with the band program.  |
| Student Signature: _____         | Date: _____  |
| Parent Signature: _____          | Date: _____  |



# PAULDING COUNTY SCHOOL DISTRICT

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

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 Paulding County School District (District). If bus transportation is not available, I understand that school and/or District personnel may be transporting students. 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, will be given in writing to the parents/guardians at least two (2) weeks prior to each trip in the series. (Exceptions must be approved by the Director of Athletics and Student Activities.)

If any emergency medical procedures or treatment are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her or their discretion.

I agree to release, indemnify, and hold harmless the Paulding County School District (District), its Board of Education, and its employees, agents, or assignees, as well as its approved adult trip supervisors 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, or the student may have or may allege to have against the District or which may be brought against the District arising out of or in any manner relating to the student’s participation in the field trips, including but not limited 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 Student (PLEASE PRINT)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (PLEASE PRINT)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# PAULDING COUNTY SCHOOL DISTRICT

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***The following are the Paulding County School District guidelines for outdoor extracurricular activities during extreme hot and humid weather.***

**Michael Thomas**

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***Head Coach/Band Director***

***As the parent of \_\_\_\_\_, I verify that I have been informed of the Paulding County School District guidelines for outdoor extracurricular activities during extreme hot and humid weather.***

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***Parent Signature***

***Date***

Please return signed and dated form to the head coach or band director.



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## EXTRACURRICULAR ACTIVITIES MEDICAL FORM

Student name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Personal Doctor \_\_\_\_\_  
Phone \_\_\_\_\_  
Parent/Guardian name \_\_\_\_\_  
Contact numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Parent/Guardian name \_\_\_\_\_  
Contact numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
In Case of Emergency Contact \_\_\_\_\_  
Name Contact Numbers

Insurance Information \_\_\_\_\_  
Insurer Policy # Group #

Medical History \_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_  
Drug (list) \_\_\_\_\_  
Food (list) \_\_\_\_\_  
Insect (list) \_\_\_\_\_  
Other (list) \_\_\_\_\_

### Medications

|      |      |                  |
|------|------|------------------|
| Name | Dose | Time to be given |
| Name | Dose | Time to be given |
| Name | Dose | Time to be given |

Special Instructions \_\_\_\_\_  
\_\_\_\_\_

My child will keep the medication and is responsible to take his/her own medication during extra-curricular activities that are after regular school hours. My child and I are aware that these medications may not be shared with anyone.

I prefer that \_\_\_\_\_ will keep and administer said medication to my child per the directions listed above. (Medication should be signed off with date, time and initials when given)

In the event I cannot be reached, I hereby give my permission for my child to be transported to the nearest hospital. I authorize emergency treatment. I will assume full responsibility for all charges occurred for emergency treatment.

\_\_\_\_\_  
*Parent Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_  
*Student Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*A copy of this completed form should be provided to the instructor of the extracurricular activity*