

STUDENT CONTACT INFORMATION (CHARMS)

PLEASE PRINT - CLEARLY

STUDENT

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS: _____

PARENT/GUARDIAN

NAME: _____

RELATIONSHIP TO STUDENT: _____

WORK PHONE _____ HOME PHONE _____

CELL PHONE _____

ADDRESS: _____

CITY/STATE/ZIP _____

E-MAIL ADDRESS: _____

OCCUPATION/SKILLS: _____

PARENT/GUARDIAN

NAME: _____

RELATIONSHIP TO STUDENT: _____

WORK PHONE _____ HOME PHONE _____

CELL PHONE _____

ADDRESS: _____

CITY/STATE/ZIP _____

E-MAIL ADDRESS: _____

OCCUPATION/SKILLS: _____

*I HAVE PROVIDED THE ABOVE INFORMATION, AND IT IS ACCURATE TO MY KNOWLEDGE.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

2016 Band Registration (updated 1/28/16)

Grade:	Instrument:	Name:
STATION	Adult please complete Alteration and Size Information	Adult Authorization
Jacket #		
Bibber #		
Gauntlets #	S M L XL SP MP LP XLP	
Hat Size	XS S M L XL XXL Pit Beret	
Shoe Size	Men's Women's	
T-Shirt Size	S M L XL 2X 3X	

ITEM	NEED	COST	QUANTITY	TOTAL
Marching Shoes	Size:	\$ 38.00		
Marching Gloves	4 pairs	\$ 8.00		
Band Poncho	New and Replacements	\$ 7.00		
Flip Folder	New and Replacements	\$ 5.00		
Fanny Pack	New and Replacements	\$ 4.00		
Tote Bag	Optional	\$ 40.00		
Bracelets	Spirit Item	\$ 2.00		
Decals	Spirit Item	\$ 10.00		
Roll Banner	Spirit Item	\$ 5.00		
Extra Show Shirt	S M L XL 2X 3X	\$ 25.00		
Shout Out	Spirit Item	\$ 5.00		
Yard Sign	Spirit Item	\$ 10.00		
			Sub-Total	
Band Fees		\$ 200.00		\$200
Total				
Paid				
Balance Due				

Make check payable to: Waxahachie Band Booster Club

Office Use Only

Cash	T-Shirt Size:	Name on tote bag:
Check #:	Picture Taken: Y N	(example: J Doe, John D)
Credit Card: Visa MC Discover	(one initial, one name only)	

BAND PARENT VOLUNTEER FORM

Student Name: _____ Instrument: _____

Parent's Name:
 Mom: _____ Dad: _____

Occupation: _____ Dad: _____

Home Phone:
 Mom: _____ Dad: _____

Cell Phone:
 Mom: _____ Dad: _____

E-Mail:
 Mom: _____ Dad: _____

<input checked="" type="checkbox"/>	VOLUNTEER OPPORTUNITIES (please indicate one or more areas where you can assist)
Fundraising Events	
	Concessions: We need 45-50 volunteers per varsity game, 8-10 per JV/9th grade games, and 6-8 per Jr. High Game. _____ Stand Manager _____ Jr. High (Mon/Tues@Wilemon) _____ JV/9th (Thur@Lumpkins) _____ Varsity (Fri@Lumpkins)
	Jazz Café Committee: _____ Planning _____ Decorations _____ Silent Auction _____ Other
	Car Wash: _____ Planning committee _____ Chaperone (requires background check) _____ Provide supplies
	Band Photo Committee: prepare photo posters, deliver to area merchants & collect posters at the end of football season.
	Band Banquet Committee: _____ Planning _____ Decorations _____ Setup/Cleanup _____ Chaperone _____ Food
Marching Season	
	Marching Contest Logistics: _____ Truck Loading Crew _____ Pit Crew _____ Prop Crew _____ Uniform Crew
	Marching Contest Cheer Crew
	Chaperones: <i>requires background check</i> _____ Away Games _____ Home Games _____ Marching Contest _____ Special Trips* Help with drinks, plumes & possibly equipment during half-time. For away events chaperones are expected to travel on the bus to and from the event. For marching contests chaperones must stay with the band all day and take care of all of their needs. There are a limited number of chaperone spots available for each event. *You must chaperone at least 1 away game, 1 contest, and work 1 concession to be eligible to travel with the band on the annual Spring Trip.
	Away Game Food Committee: prepare sack lunches for Friday night away games . _____ Coordinator _____ Provide snacks _____ Prepare lunches
	Contest Food Committee: Help prepare/serve food for the band at contests.
	Seamstress: help with uniform alterations and/or sewing _____ color guard flags _____ Uniforms _____ Flags
Social Events	
	July 4th Parade & Picnic: need help with setup/cleanup, cooking, water on parade route and various other activities.
	Ice Cream Social: _____ Service ice cream _____ Cleanup _____ Sell booster merchandise
	Band Luau: need help with setup/cleanup and chaperoning
	UIL/Area Week Committee: (in Oct.) Special treats and surprises to pump up the students before UIL events.
Other	
	UIL Concert & Sight Reading WISD hosts this event for High School each Spring.
	Seamstress: help with concert season uniform alterations and/or sewing
	Special Talents & Skills: Please list any special talents and/or skills that you would be willing to volunteer.

STUDENT NAME: _____

TWO-SIDED FORM

TEMPORARY MEDICAL GUARDIANSHIP

TO WHOM IT MAY CONCERN:

I (we) the undersigned, _____, are the natural parents or legal guardians of _____ . During our absence he/she has been placed in the temporary care of **WAXAHACHIE HIGH SCHOOL BAND**, who is/are empowered by this statement to call for and authorize medical care and assistance in the event of injury, accident or illness involving out child or children. It is my (our) intention that this statement serve as authorization for such medical care to administered during the following period of time:

June 1, 2016 through May 26, 2017

Known Allergies: Drugs: _____ Foods: _____ Last Tetanus: _____

List all medical conditions, history of surgeries, and serious injuries: _____

List Names and Doses of all regular medications: _____

Insurance Information (recommended) _____

In case of an emergency, the following person/people is/are also authorized to give consent for treatment if the parent/legal guardian cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Parent/Legal Guardian [PRINT] _____ Signature _____

Emergency Contact Numbers for Parents (include Home, Work, and Cell phones): _____

DRUG POLICY

Students may **not** share any medications, nor receive **any other medications** from any other parent/student.

All **controlled** substances, such as narcotic pain medications, Ritalin, etc., **must** be collected by the directors/designated head chaperone with appropriate dosing instructions signed by the parent /legal guardian.

All medications must be in the original containers.

PRIVACY STATEMENT

For your information, please be advised that all information on this form will only be used to assist in obtaining emergency medical treatment.

I have read and understand the above WHS Band policy on medications, as well as the above Privacy Statement.

Parent/Legal Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Medication Disbursement Authorization
Prescription and Over-the-Counter Medications

If your child is currently taking medication or you would like to authorize the disbursement of medication in case your child becomes sick, please complete this form. **This would include both over-the-counter medications as well as prescription medications.** All medications must be in their original container and listed on this form. If your child carries an inhaler then they need to keep the inhaler with them at all times. If you would like to send a second inhaler to be kept by the chaperones just in case you child loses one then you may do so. Please make sure All medications are clearly labeled and include the student's name on the packaging. Please send all medications together in a Ziploc bag prior to any travel event.

Student's Name [Print]: _____

***Please **circle ALL** the medications that we are allowed to distribute to your child if needed:

- | | | |
|--|----------------------------|-----------------------------------|
| Tylenol/Acetaminophen (2 tablets) | Advil/Ibuprofen (1 tablet) | Tums |
| Imodium AD | Pepto-Bismol | Cough Drops |
| Benadryl/Antihistamine | Triple Antibiotic Ointment | Anti-itch Cream |
| Icy Hot or ActivOn (Menthol & Methyl Salicylate) | | Aspercreme (Trolamine salicylate) |

If it is **NOT** circled we will **NOT** give medications even if your student says they have had it before. It is difficult for us to call parents from football games and marching contests, so please circle **ALL** if you give your permission for us to give these items to your child. We only give if they need it, not just because they ask for it.

List other medications of detailed instructions below:

Medicine Name	Dosage	Times to be given	Special Instructions
Example: Delysm	2 tsps	Every 12 hours	As needed

I, _____, give my permission for a Waxahachie Band Adult Chaperone to administer the medications listed on this form to my child, _____, based upon the instructions provided.

Parent Contact Number(s): _____

Parent Signature: _____ Date: _____

UNIVERSITY INTERSCHOLASTIC LEAGUE

REGION MARCHING CONTEST



STATEMENT OF COMPLIANCE

Section 1105 (d) of the UIL *Constitution and Contest Rules* requires that the contest entry for UIL region marching band must be accompanied by the following statement of compliance.

Each entry in the UIL region contest must be accompanied by the following statement signed by the director:

- A. "The members of this marching band or any of its components did not begin the marching preparation for this UIL contest presentation prior to August 1. In addition, no more than ten hours of supervised instructional time was devoted to marching fundamentals between the end of the previous school term and August 1." *
- B. A signed parent/student UIL Marching Band Acknowledgement Form has been filed with the school principal or his designee for each participant in this competing organization.
- C. The director(s) of this organization recognize(s) the importance of the total educational process and have remained sensitive to each student's needs in terms of academic pursuits, family life and extracurricular activities; and,
- D. The director(s) of this organization have/has maintained a reasonable and proper balance of pre-school and out-of-school rehearsal schedules.

*EXCEPTION: Auxiliary camps, leadership training, and preparation for special summer events such as civic parades, professional football game appearances, and other non-competitive performances are not considered a violation of this limitation.

School Name: _____ Conference: _____

Date: _____

Signature of Director

PLEASE ATTACH THIS COMPLETED STATEMENT TO YOUR
REGION MARCHING BAND CONTEST FORM 1.

Photo/Video Release Form

Waxahachie Band Booster Club, Inc.
PO Box 2092
Waxahachie, TX 75168

Permission to Use Photograph/Video
Events: Band Related

I grant Waxahachie Band Booster Club, Inc., the right to take photographs/video of me and my family in connection with the above-identified events. I authorize Waxahachie Band Booster Club, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Waxahachie Band Booster Club, Inc. may use such photographs/video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Print Student Name

Print Parent/Guardian Name

Student Signature

Parent/Guardian Name

Date

Date

SPIRIT OF WAXAHACHIE INDIAN BAND HANDBOOK 2016-17

ACKNOWLEDGEMENT FORM

STUDENT HANDBOOK

My child and I have been offered the option to receive a paper copy or to electronically access the 2016-2017 Waxahachie High School Band Student Handbook at <http://www.spiritofwaxahachie.com>

I have chosen to (check one):

- Receive a paper copy of the Student Handbook
- Accept responsibility for accessing the Student Handbook by visiting the web address listed above.

I understand that the Handbook contains information that my child and I may need during the school year. If I have any questions regarding the Handbook, I should direct those questions to the band director.

I have read a copy of 2016-2017 Waxahachie High School Student Handbook and understand information listed within it.

Student Name [Print]: _____

Student Signature: _____ Date: _____

Parent/Legal Guardian [Print]: _____

Parent/Legal Guardian Signature: _____ Date: _____

Waxahachie Band Booster Club, Inc.
Individual Fundraising Account Declaration
School Year June 1, 2016 - May 26, 2017

My child, _____, will be participating in the Waxahachie Band Booster Club fund-raisers. They will have the opportunity to help raise funds through board approved fund-raisers to pay all or a portion of all their fees, costs for uniform accessories, other items that are normally paid by the parents and the spring trip.

"Individual Fundraising Accounts" are subject to the following guidelines:

1. Students are credited only with amounts they raise or help raise selling a product or performing a service (such as selling candy bars);
2. Payments made by parents for band costs will be credited to each individual account balance;
3. Straight contributions (which are tax-deductible) by the donor may not be earmarked and credited to support a specific student;
4. Students understand that the money raised is really the property of the tax-exempt organization;
5. The tax-exempt organization, Waxahachie Band Booster Club, must control the funds and determine what portion, if any, of the amounts raised may be credited to students who assisted with the fund-raising;
6. All amounts raised are used for the tax-exempt purposes of the Waxahachie Band Booster Club;
7. The Waxahachie Band Booster Club and not the students must determine how the funds are used;
8. Students may not withdraw funds to use as they wish and students may not transfer funds to another account (siblings, friends, parents, etc.);
9. Students who leave the organization can not receive funds credited to their name;
10. Excess funds stay with the Waxahachie Band Booster Club to be used for their tax-exempt purposes.

The IRS has a strict rule against private inurement "the transfer of any of an organization's assets to, or for the benefit of, an individual for a nonexempt purpose." Therefore, individuals may not control any fundraising accounts set-up in their name, nor may they withdraw funds from the "accounts" to use as they wish. The tax-exempt organization must at all times determine how its funds, even funds credited to an individual with respect to their fundraising efforts, are used. And, all funds must be used for the organization's tax-exempt purposes.

I have read, understand, and will follow the guidelines listed above for my student account.

Student Signature

Parent Signature

Print Student Name

Print Parent Name

DATE: _____

DATE: _____