

# WSHS BAND STUDENT REGISTRATION INFORMATION

2016-2017 School Year

<b>Student Information:</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Nickname</b>
<b>Home Street Address</b>		<b>City</b>	<b>Zip</b>
<b>Home Telephone Number (with area code)</b>	<b>Graduation Year (Select one)</b> <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input type="checkbox"/> 2019 <input type="checkbox"/> 2020	<b>Birth Date:</b>	<b>Grade:</b>
<b>Fall Marching Season Instrument/Group</b> (Select One)		<b>Spring Concert Season Instrument/Group</b> (Select One)	
<input type="checkbox"/> Color Guard <input type="checkbox"/> Saxophone <input type="checkbox"/> Tuba <input type="checkbox"/> Piccolo <input type="checkbox"/> Trumpet <input type="checkbox"/> Percussion <input type="checkbox"/> Flute <input type="checkbox"/> Horn <input type="checkbox"/> Baritone <input type="checkbox"/> Clarinet/Bass <input type="checkbox"/> Trombone <input type="checkbox"/> Drum Major		<input type="checkbox"/> Winter Guard <input type="checkbox"/> Saxophone <input type="checkbox"/> Baritone <input type="checkbox"/> Flute/Piccolo <input type="checkbox"/> Trumpet <input type="checkbox"/> Tuba <input type="checkbox"/> Oboe <input type="checkbox"/> French Horn <input type="checkbox"/> Percussion <input type="checkbox"/> Clarinet/ Bass <input type="checkbox"/> Trombone <input type="checkbox"/> Bassoon <input type="checkbox"/> Other	

<b>Student Medical History:</b>
ANY MEDICAL CONDITIONS? (PLEASE DESCRIBE): _____ _____ MEDICATIONS: _____ _____ ALLERGIES (MEDICATIONS, FOOD, ENVIRONMENT): _____ _____ IS THERE ANYTHING ELSE WE SHOULD BE AWARE OF THAT MAY CAUSE CONCERN WHILE THE STUDENT IS PERFORMING? _____ _____ _____

<b>Parent/Guardian Information:</b>
Father/Guardian: _____ home phone #: _____ cell #: _____ Mother/Guardian: _____ home phone #: _____ cell #: _____

<b>Permission to be photographed:</b>
I give permission for my child to be photographed or videotaped during band events and give permission for any band photos/videos of my child to be posted on the band website. <input type="checkbox"/> Yes <input type="checkbox"/> No  _____ <div style="display: flex; justify-content: space-between;"> <span>PARENT/GUARDIAN SIGNATURE</span> <span>DATE</span> </div>

**2016-2017 WSHS BAND FINANCIAL RESPONSIBILITIES FORM**

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ INSTRUMENT STUDENT PLAYS: \_\_\_\_\_

BAND ASSESSMENT FEE: \$250.00 \$ \_\_\_\_\_

BAND SHOES: (If needed) \$26.00 \$ \_\_\_\_\_  
Size: \_\_\_\_\_ (we can fit student for size)

BAND GLOVES (If needed): \$3.00 \$ \_\_\_\_\_  
Fingerless Size: \_\_\_\_\_  
With Fingers Size: \_\_\_\_\_

SHOW THEME SHIRT \*\*NO CHARGE\*\* \$ 0  
Size: \_\_\_\_\_ (Adult size: S – XXXL)

**TOTAL AMOUNT DUE AT REGISTRATION: \$ \_\_\_\_\_**

<b>Treasurer Use Only</b>	
Amount paid \$	_____
Check___	Check # _____ Cash___
Balance Due \$	_____

If there is a financial hardship that prevents you from paying your dues in full at this time, please see the Band Booster President at registration night. A payment plan that you are comfortable with will be developed at that time.

If your student will need shoes please be sure to check out the supply of gently used shoes at registration night before you decide if you need to pay for a brand new pair.

## **PARENT INVOLVEMENT**

It takes an enormous amount of work to make the band function smoothly. It is our expectation that parents volunteer with the WSHS Band of Gold to provide support throughout the year. There are many ways that you can volunteer with the Band of Gold. At the band parent meeting and registration night on Monday, July 25, there will be sign-up sheets available in all of the different areas where we need help. It is impossible to run the band smoothly without the help of everyone. Look over the list below and decide where you would like to help. If you have any questions about any of the areas do not hesitate to send an email to [wsbandofgold@gmail.com](mailto:wsbandofgold@gmail.com).

### **Volunteer Opportunities**

Chaperones- Chaperones are needed for every football game, both home and away as well as any other trips or performances the band is involved in like the holiday parade, marching festival, MPA, etc.

Hospitality- People will be needed to assist Lori Weisberg and Darla Dowdy as they organize the pizza lunch on the Friday of band camp week, the pizza dinner for middle school night, goodies for the concession stand in the auditorium during showcase, and organizing and providing the third quarter drinks to our band and the visiting band during home football games.

First Aid Tent- These people would provide support to Debbie Gerken who runs a first aid tent during band camp and at all marching rehearsals throughout the Fall. No medical experience necessary.

Uniform Room- People are needed to provide support to Azora Norris and Shanda Batchelor, who keep our uniform room organized and running smoothly. There is a need for sewing assistance with hemming pants and dresses throughout the year. There are also many tasks in the uniform room that require no experience with a needle and thread, such as assistance during band camp and organizing uniforms after being cleaned during the year.

There will be other areas and opportunities that will be discussed briefly at the parent meeting in July as well.

Don't be afraid...I know this all sounds a bit overwhelming. You will find however that volunteering with the Band of Gold is a very rewarding experience. Our students are an amazing collection of young people and it is a joy to work with them and make their experience with the band the best possible.

Each student will also be asked to donate two cases of water (.5 liter bottles) and two cases of canned soda (one clear, one any kind ). This is for the third quarter break and for water for the band during football games.

**SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA**  
**Winter Springs High School Band Medical and Travel Release and Consent**

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I/We acknowledge that the School Board of Seminole County, Florida is not liable for medical expenses, hospital expenses or other such charges incurred for such services as may be rendered for or on behalf of my/our child as a result of injury or sickness. I/We understand that if my/our child is injured or becomes sick, the School Board of Seminole County, Florida will not be liable unless the injury or illness is the result of negligent conduct on the part of an employee of the School Board of Seminole County, Florida.

I/We, the undersigned, being the parent, legal next-of-kin, or legal guardian of:

\_\_\_\_\_

Student's Name

\_\_\_\_\_

Student's Date of Birth

I hereby give my/our son/daughter permission to travel with the Winter Springs High School Band of Gold on all trips and functions during the year. I also authorize emergency medical treatment for this person beginning May 27, 2016 and continuing through May 30, 2017. I/We acknowledge the liability for medical expenses hospital expenses or other such charges incurred for such services as may be rendered for/or on behalf of my/our child as a result of injury or sickness. I/We will assume financial responsibility for the incurred expenses through the insurance company listed below.

**INSURANCE/PHYSICIAN INFORMATION**

Medical Insurance Co.: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Student Allergies/Medical Information/Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_

Parent/Guardian Name (Please print)

\_\_\_\_\_

Parent/Guardian E-mail

\_\_\_\_\_

Home Address

\_\_\_\_\_

City, State, Zip Code

Home Phone: \_\_\_\_\_

Father/Guardian: (work phone) \_\_\_\_\_ (cell phone) \_\_\_\_\_

Mother/Guardian: (work phone) \_\_\_\_\_ (cell phone) \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

# Contact Sheet

Throughout the year it will be vital that we have accurate contact information for all of the parents and guardians of our band members. There is a lot of information that needs to be passed along in relation to schedules on game days, rehearsal schedules and call times for games, concerts and the many other events our students will participate in this year. Please take a moment and complete the information below so that we can be sure that we have accurate contact information for you. We are also asking for your child's cell phone number, if they have one. This will only be used by the BBA or students in leadership if there is a last minute change in information and we feel that texting or calling your child would be more beneficial than email.

Thank you!

## Please print

Student Name: \_\_\_\_\_

Student Cell Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Cell Phone Number: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Is there another email address that you would also like all correspondence to go to as well? If so, enter it below.

2nd email: \_\_\_\_\_

If at any time during the year your email address changes please send the new email address to [wsbandofgold@gmail.com](mailto:wsbandofgold@gmail.com).

Thank you for taking the time to complete this. It is very important to us that you remain informed of all that is happening in band.

Sincerely,  
WSHS Band Booster Association