

GMS Band Handbook Acknowledgement

Form 2023-2024

After reading the band handbook, I agree with the philosophies and policies of the band directors and agree to adhere to them to the best of my ability.

I further understand that I will be held accountable for the information in this handbook in cases where conflicts arise with band activities. Not reading the handbook will not be accepted as an excuse.

I also give permission for photos of my child to be used on the Band Webpage and other promotional materials for the band. **Please strike through the previous sentence if you do not consent.**

I understand that a successful band is made up of committed students who are willing to work together with the band staff toward common goals. The sole purpose of these rules is to ensure a great experience for all members of the Greenville MS Band without being subjected to those who would prohibit learning from taking place.

Student Signature

Print Name

Parent Signature

Print Name

Please return this form to school during the first week of school.

FIELD TRIP
Parental/Guardian Consent Form and Liability waiver

Participant's / Child's Name: _____ Birth date: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

I, (Parent/Guardian) _____, grant permission for my child, (child's Name) _____, to participate in this field trip event that requires transportation. This activity will take place under the guidance and direction of employees and/or volunteers from **Greenville Middle School Band**.

A brief description of the activity follows:

Type of event: **Band Contests/Auditions**

Location of Event: **TBD Based on Event (all located in DFW area)**

Individual(s) in charge: **Band Directors - Kelsey Mattice, Caleb Miller, and Trent McGee**

Date and time of departure: **TBD Based on Event**

Mode of transportation to and from event: **School District Bus or Vehicle**

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Please list below any medical information we need to be aware of (ex: allergies, chronic illnesses, medications, etc), if there are none write "none", if they are listed with the school nurse, please write that as well.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: _____ Relationship: _____

Phone : _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself and my child named here in, to hold harmless and defend the organization, directors and agents, and representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith. I agree that I have filled out this form to the best of my knowledge and the information provided is accurate and complete.

Signature: _____ Date: _____