

BAND INFO FORM – DUE MAY 19th**Permission Release – Both Signatures Are Required**

I promise to follow all school rules and policies during any band related activities. I promise to show up for summer practices and band camp. **I promise not to quit.** I will attend every band competition, football game, and rehearsal. I promise to give my best effort at all band events and have a good attitude. I HAVE READ THE HANDBOOK ABOVE!

(Student Signature & Date)_____
(Parent/Guardian Signature & Date)

***** MAKE SURE YOU HAVE BOTH SIGNATURES ABOVE *****

INFORMATION (Please PRINT clearly and fully complete the form below)

Student's Name as you wish it to appear on roster and all performance programs:

Student Cell: _____ Birth Date: _____

Marching Band Instrument: _____

Grade you will be in for the 2025-2026 school year _____ Adult T-Shirt Size _____

Parent/Guardian Name(s) _____ Cell(s): _____

Name and Number to Reach Parent If No Cell: _____

Parent Email Address: _____

Home Address: _____

City: _____ Zip: _____

Name and Number in Case of Emergency: _____

Medical Operations (within the last year): _____

Allergies: _____

Heath Problems or Medications That Need to Be Known (list all medication): _____

(Use additional page if needed)

This Form is due by May 19th with \$100.00 Deposit – Payments should be made through Rycor.

Boiling Springs High School

Parent Permission Form

Band Activity Form2025-2026

I _____ give permission for my son/daughter
(Parent Name)

_____ to attend any & all band trip(s)/activity(s) away from
(Student Name)

school during the 2025-2026 school year. I also understand that my son/daughter will be participating and that he/she is expected to abide by all school rules and regulations during the activity or trip. I understand that school personnel and/or other approved adult volunteers will chaperon he/she.

Additionally, if I cannot be reached, I understand and agree that my son/daughter may be taken for medical assistance, and I agree that I will be solely responsible for all costs incurred as a result. I further agree to indemnify and hold harmless the district, its board of trustees and its employees for any injury or loss that may occur to my child, which is not the result of gross negligence by the district or its authorized representatives.

Information Required We Turn in To the District Separately From the Band Info Form – Please Print Legibly

Parent/Legal Guardian name(s)_____

Student Name_____

Street Address_____

City, State, Zip_____

Main Parent/Guardian Phone Numbers: Cell_____ Work/Home_____

This Form is Due May 19th, 2025
Turn This Form in to Mr. Tyler Scarabino, Director of Bands

Boiling Springs High School Band Social Media Contract

As you begin participation in the 2025-2026 season, the Boiling Springs High School Band Staff wants to make sure you are aware of the social networking guidelines. Boiling Springs High School and the Band staff recognize and support the members' rights to freedom of speech, expression, and association, including the use of social networks. In this context, however, each member must remember that performing and competing for the Boiling Springs High School Band is a privilege. As a member, you represent the Band program, the high school and the community of Boiling Springs. You are expected to portray yourself, your team, and Spartanburg School District Two in a positive manner at all time.

Attached you will find the social networking guidelines which provide the following guidelines for social networking site usage:

- Everything you post is public information – any text or photo placed online is completely out of your control the moment it is placed online – even if you limit access to your site. Information (including pictures, videos, and comments) may be accessible even after you remove it. Once you post a photo or comment on a social networking site, that photo or comment becomes the property of the site and may be searchable even after you remove it.
- What you post may affect your future. Many employers and college admission officers review social networking sites as part of their overall evaluation of an applicant. Carefully consider how you want people to perceive you before you give them a chance to misinterpret your information (including pictures, videos, comments, and posters).
- Similar to comments made in person, the Boiling Springs Band Staff will not tolerate disrespectful comments and behavior online, such as;
 - Derogatory language or remarks that may harm my teammates or coaches; other Boiling Springs students, teachers, or coaches; and students, coaches, or representatives of other schools, including comments that may disrespect my opponents.
 - Incriminating photos or statements depicting violence; hazing; sexual harassment; full or partial nudity; inappropriate gestures; vandalism, stalking; underage drinking, selling, possessing, or using controlled substances; or any other inappropriate behaviors.
 - Creating a serious danger to the safety of another person or making a credible threat of serious physical or emotional injury to another person.
 - Indicating knowledge of an unreported school or team violation – regardless if the violation was unintentional or intentional.

In short, do not have a false sense of security about your rights to freedom of speech. Understand that freedom of speech is not unlimited. The online social network sites are NOT a place where you can say and do whatever you want without repercussions. The information you post on a social networking site is considered public information. Protect yourself by maintaining a self-image of which you can be proud of for years to come.

By signing below I acknowledge that I have read and understand the Boiling Springs High School Band Social Media Contract for the 2025-2026 school year.

X _____ Member Signature _____ Date _____

X _____ Parent/Guardian Signature _____ Date _____

Spartanburg County School District Two
Band Health Form- Boiling Springs High School

Student's Name: _____ Date of Birth: _____
 Student's cell phone number: _____ Doctor: _____
 Address: _____

Emergency Contacts:

1. Name/Relationship: _____
 Contact number(s): _____
2. Name/Relationship: _____
 Contact number(s): _____

Please list any medical conditions your child has:

Please list any allergies (medications, food, insect, etc.):

Allergen	Reaction	Treatment

Does your child have an Epinephrine pen? Yes ☐ or No ☐
 *the epi pen needs to be on student at all times

Does your child have an inhaler? Yes ☐ or No ☐
 *the inhaler needs to be on student at all times.

List all medications your child is currently taking:

Name of Medications	Dosage	Time/How Often

List any emergency medications your child will need access to during band (ex. EpiPen, Glucagon, Inhaler):

Parent signature: _____ Date: _____