

BSHS BAND STUDENT/PARENT CONTRACT AND INFORMATION FORM

Student's name (as you would like it to appear on rosters and performance programs):

Please Print Clearly

| STUDENT BAND AGREEMENT | | STUDENT & PARENT SIGNATURES | |
|------------------------|---|-----------------------------|--|
| | I promise to follow all school rules and policies during any and all band-related activities. | Student's Signature | |
| | I promise to show up for all band activities and events. | Date | |
| | I will not quit, instead I will work hard and have a great attitude. | | |
| | I will always try. | Parent's Signature | |
| | I will pay my band fees. | Date | |

| STUDENT INFORMATION | |
|---|--|
| Student Cell Phone Number: | Student Birth Date: |
| Student's Adult T-shirt Size: | Student's Instrument: (If color guard enter CG) |
| Student's Grade for 2019/2020 School Year: | Student Allergies: |
| Student's Home Address: | |
| Health problems/medications that need to be known by band staff and/or chaperones?? | |

PLEASE NOTE: All phone & email information will be used for band-related communications except for the emergency contact.

| PARENT/GUARDIAN INFORMATION | | | |
|---|--|---|--|
| Mother's Name | | Mother's Cell Phone | |
| Mother's Email Address | | Willing to volunteer? | |
| Father's Name | | Father's Cell Phone | |
| Father's Email Address | | Willing to volunteer? | |
| Additional adult (optional) | | Additional adult's cell phone | |
| Additional adult's email | | Willing to volunteer? | |
| Emergency contact name and phone number | | Emergency contact's relationship to student | |

This form and the \$100 deposit are to be turned-in by the end of May.

Checks can be made to Boiling Springs High School Band. All student money needs to be given to Carolyn Wall in the main office of the high school.